

ST. JOHN PAUL II CATHOLIC HIGH SCHOOL REGISTRATION CARD 2017-2018

Date of Registration ____/____/____
Student Entering Grade _____

Date Student will begin classes ____/____/____

Registration Fee, Received \$ _____
Student # _____

STUDENT INFORMATION

Student's Legal Last Name: _____	Legal First Name: _____	Middle Name: _____	Nickname/Name Student Goes By _____
Social Security Number _____	Birthdate _____	Male / Female Gender _____	Place of Birth City / State / Country _____
Home Phone # _____	Permitted in Directory? Yes () No ()	Guardian email address _____	Permitted in Directory? Yes () No ()
Student Phone # _____	Permitted in Directory? Yes () No ()	Student email address _____	Permitted in Directory? Yes () No ()
Home Address _____	Permitted in Directory? Yes () No ()	Mailing Address (if different) _____	Permitted in Directory? Yes () No ()
Street Address _____		Street Address or P.O. Box _____	
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	

Please respond to both the race and the ethnicity (Hispanic or not) question, so that we may accurately complete required reports.

Race (Check one)	Is student Hispanic or Latino? Yes () No ()
____ American Indian / Native Alaskan	____ Asian _____ Black
____ Two or more races	____ Native Hawaiian / Pacific Islander _____ White

Primary language spoken at home:

____ English Only ____ Chinese ____ Italian ____ Korean ____ Spanish or Spanish Creole ____ Tagalog ____ Vietnamese

____ Other language: _____

Prior School Attended: _____

Public School for your residence: _____

Incoming Kindergarten students only.
Was your child a VPK student last year? Yes () No ()

Student's Religion: _____

If Catholic, Student's Parish: _____

Permission to publish student photo in brochures, on web site, or in the newspaper or similar publications? Yes () No ()

How did you hear about our school? _____

____ Parent Referral (if so, please let us know who, so that we can thank them: _____)

____ Newspaper Advertisement ____ Billboard ____ Radio / Television Advertisement

____ Church Bulletin ____ Phone Book ____ Internet Search

Do you have any special gifts or talents that you would like to share with our school? _____

FAMILY INFORMATION

Student primarily lives with: (check one)

____ Mother and Father ____ Mother ____ Mother / Stepfather ____ Grandparent / Guardian

____ Father ____ Father / Stepmother ____ Other _____

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: _____

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship (circle one)		
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager #:		
Work Address:		
Work Phone:		
Marital Status:		
Religion:	Alumni: Yes () No ()	Alumni: Yes () No ()

STUDENT SACRAMENTAL INFORMATION

If Catholic, please give the following information:

Baptism: Yes () No ()

Eucharist: Yes () No ()

Reconciliation: Yes () No ()

Confirmation: Yes () No ()

If your child has not received any of the sacraments (Baptism, Reconciliation, Eucharist by grade 3, Confirmation in high school), please contact your parish.

EMERGENCY/HEALTH INFORMATION AND CONSENT

In case of an emergency when parent or guardian cannot be reached, contact:

Emergency Contact #1 Name _____ Relationship _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Emergency Contact #2 Name _____ Relationship _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

The following persons (in addition to the emergency contacts above) are authorized to pick up my child from school:

Authorized Pickup #1 _____

Authorized Pickup #2 _____

Authorized Pickup #3 _____

Preferred Doctor _____

Phone # _____

Preferred Hospital _____

Preferred Dentist _____

Phone # _____

I give my permission for my child to receive emergency medical treatment. Yes () No ()

I give my permission to call 911: Yes () No ()

List any medical considerations of which the school should be aware, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.)

Please list all allergies: _____

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2017-2018. It is also my understanding that the policy of the school is to make no refunds on fees. If a child is withdrawn prior to July 1st, there will be a full refund of tuition minus fees. As of July 1st, there will be no refund of two (2) months of tuition. I understand the policy that my child's attendance at your school may be terminated if tuition is two (2) months in arrears, unless a payment plan has been approved by the Administration. Prior to the beginning of the school year, if two or more months' tuition is not paid the student's registration is automatically terminated and the student's position is relinquished to another student. If a student withdraws from school once classes have begun, tuition up to and including the quarter in which the student withdraws is non-refundable. At any time during the school year, if a family is delinquent in tuition payments by more than one month, the student may not attend school until payments are made current. This includes taking semester exams. All payments for the 2017-2018 school year must be completed for a student to take final exams. I understand I am responsible for all tuition and fees incurred by my child up to the date of withdrawal.

I hereby agree that my child and guardian(s) shall abide by the policies, rules and regulations of your school at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

Parent Signature _____

Parent Signature _____

Date _____

STEP-UP AND MCKAY SCHOLARSHIPS

Step Up For Students Scholarships are available for families that meet certain economic parameters defined by the State of Florida, and McKay Scholarships are available for qualifying students with special needs. For more information on the SUFS Scholarships, as well as McKay Scholarships, please contact the School Finance Office.

GRANDPARENT INFORMATION (HIGH SCHOOL ONLY)

Paternal Grandparents _____

Maternal Grandparents _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

CHS Alumni?: Yes () No () Year: _____

CHS Alumni?: Yes () No () Year: _____

FINANCE INFORMATION

Name & address of person responsible for tuition & other financial obligations (if different from parent or guardians listed above)

Name _____ Phone _____

Address _____

VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Pastor Verification: Yes () No () Date: _____ Immunization Record (up to date?): Yes () No () Date: _____

Baptism Certificate (If Catholic - Elementary School Only): Yes () No () Date: _____

Physical Examination by FL Physician/Clinic (For all Elementary Students & High School Athletes: Yes () No () Date: _____

Birth Certificate (must be original birth certificate w/ seal or certified copy): Yes () No () Date: _____