

# JOHN PAUL II CATHOLIC HIGH SCHOOL REGISTRATION CARD 2016-2017

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) \_\_\_\_\_ American Indian / Native Alaskan \_\_\_\_\_ Two or more races  
Is student Hispanic or Latino? Yes ( ) No ( )  
\_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Native Hawaiian / Pacific Islander \_\_\_\_\_ White

Primary language spoken at home:

\_\_\_\_\_ English Only \_\_\_\_\_ Chinese \_\_\_\_\_ Italian \_\_\_\_\_ Korean \_\_\_\_\_ Spanish or Spanish Creole \_\_\_\_\_ Tagalog \_\_\_\_\_ Vietnamese  
\_\_\_\_\_ Other language: \_\_\_\_\_

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

## 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 2016-2017. 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 the first day of classes, 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 month's 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 2016-2017 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: \_\_\_\_\_