



# SAINT JOHN PAUL II ~ Regional School ~

## REGISTRATION FORM

SCHOOL YEAR: 20\_\_ - 20\_\_

Did either graduate from one of our legacy schools? If so, who, what school and what year?

Parent / Guardian: Yr: \_\_\_\_\_ Holy Rosary \_\_\_ Our Lady of Grace \_\_\_ St. Gregory \_\_\_ St. Lawrence \_\_\_ St. Luke

Spouse: Yr: \_\_\_\_\_ Holy Rosary \_\_\_ Our Lady of Grace \_\_\_ St. Gregory \_\_\_ St. Lawrence \_\_\_ St. Luke

### STUDENT INFORMATION

Please complete this form for each child - Print Clearly

Student Last Name:		Date:		Grade Entering:	
Address:		First:		MI:	
Home Phone:		City:		State: Zip:	
Date of Birth:		Gender:		Ethnic Origin:	
Birth City and State:		Religion:		Parish:	
Current School:		City:		State:	
School District:		If Catholic,		Baptism Parish:	
Primary Email:		Date of Baptism:		City: State:	
		Secondary Email:			

### PARENT / GUARDIAN INFORMATION

PRIMARY RESIDENCE	Full Name:		Relation to Child:		Gender:		D.O.B.		Marital Status:	
	Home Address: <i>(if different from Child)</i>		City:		State:		Zip:			
	Cell Phone:		email:							
	Employer's Name:		Employer's Phone:		Position:					
	Spouse Full Name:		Maiden Name:		D.O.B.					
	Spouse Cell Phone:		Spouse email:							
	Employer's Name:		Employer's Phone:		Position:					
	Religion:		Parish:		City:		State:			

### SIBLING INFORMATION

Sibling Last Name:		First:		MI:	
Gender:	Date of Birth:	Grade:	Current School if not STJP2RS:		
Sibling Last Name:		First:		MI:	
Gender:	Date of Birth:	Grade:	Current School if not STJP2RS:		
Sibling Last Name:		First:		MI:	
Gender:	Date of Birth:	Grade:	Current School if not STJP2RS:		

### FOR OFFICE USE ONLY

Paid Registration	Cash	Check	Check #	Amount Paid	Date Paid	Registrar's Initials	Please make all checks payable to: <b>St. John Paul II Regional School</b>
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### REGISTRATION CHECK LIST

Registration Form	Birth Certificate	Baptismal Certificate	Medical Forms	Bus Form	Payment Plan Set-up
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**There is a \$100.00 non-refundable Registration Fee per child.**