



ST. JOHN PAUL II HIGH SCHOOL

CATHOLIC EDUCATION...FOR THIS LIFE AND THE NEXT

3036 SARATOGA BLVD. CORPUS CHRISTI, TX. 78415
 PHONE: 361-855-5744 / FAX: 361-855-1343
 WWW.JPIIHSCHOOL.ORG

APPLICATION FOR ADMISSION

Enrollment Year 2018-2019

Date : _____

Please print or type

The Registration Fee of \$250.00 Must Accompany this form.

Please note: The Registration Fee is non-refundable.

Will you be applying for Tuition Assistance: Yes No

Applying for admission to Grade 9 10 11 12

Gender: Male Female

Please use LEGAL name as it is stated on student's birth certificate.

 Last Name First Middle Preferred Name

 Street Address

 City State Zip Code

 Date of Birth Place of Birth (city, state, country) Social Security Number

 Email Address Telephone Number

Do any siblings or family members attend John Paul II H.S. ? Yes [] No []

If yes, please provide names below:

If you have a sibling who attends or will attend one of the following private elementary/middle schools, please indicate below:

- BGMPS Holy Family IWA OLPH Academy St. Anthony's in Robstown St. Joseph's in Alice

ETHNIC BACKGROUND

Please select any that apply:

Race: White American Indian/Native Alaskan Asian Black/African American Native Hawaiian/Pacific Islander Two or more

Ethnicity: Hispanic Non-Hispanic

RELIGIOUS AFFILIATION

Applicant's Religious Affiliation Roman Catholic Other (specify) _____

Mother's Religious Affiliation Roman Catholic Other (specify) _____

Father's Religious Affiliation Roman Catholic Other (specify) _____

Guardian's Religious Affiliation Roman Catholic Other (specify) _____

FAMILY INFORMATION

Applicant lives with:

- Both Parents
 Mother Only
 Mother & Stepfather
 Legal Guardian
- Father Only
 Father & Stepmother
 Grandparents
 Other _____

If parents are divorced, a copy of the legal custody agreement must accompany this application.

FATHER

MOTHER

Name _____

Name _____

Address _____

Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home Phone: _____ Cell _____

Home Phone _____ Cell _____

Email Address _____

Email Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Business Address _____

Business Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Business Phone _____

Business Phone _____

GUARDIAN

ADDITIONAL FAMILY INFORMATION

Name _____

Mailings should be sent to:

Address _____

- Both Parents
 Father
 Mother
 Guardian
 Grandparent

City _____ State _____ Zip _____

Home Phone _____ Cell _____

List Siblings' Names & Ages

Relationship to student if applicable: _____

Email Address _____

Occupation _____

Employer _____

Business Address _____

City _____ State _____ Zip _____

Language(s) Spoken in the Home:

Business Phone _____

- English Spanish Other _____

RELIGIOUS BACKGROUND

The applicant and family attend _____
Parish/Church City/State Pastor

How long have you been members of or attended this parish? _____ years / months (please circle one).

What Church activities or organizations has the applicant participated in?

- | | | |
|---|--|--|
| <input type="checkbox"/> Altar Server | <input type="checkbox"/> Lector/Reader | <input type="checkbox"/> CCD Volunteer/Assistant |
| <input type="checkbox"/> Youth Group (CYO, Life Teen) | <input type="checkbox"/> Usher | <input type="checkbox"/> SEARCH |
| <input type="checkbox"/> Choir | <input type="checkbox"/> Bible Study | <input type="checkbox"/> Others _____ |

Has the applicant ever been baptized in the Catholic Church or any other Christian Church? YES NO

Church of Baptism City/State Date of Baptism

If the applicant is Catholic, please indicate any other sacraments that were received?

First Holy Communion:

Church City/State Date of First Holy Communion

Confirmation:

Church City/State Date of Confirmation

Please submit a copy of applicant's Baptismal Certificate and certificates for receipt of any other sacraments.

CURRENT SCHOOL INFORMATION

Current School Name Current Grade in School

Street Address City State Zip Code

Telephone Length of Time at Current School

List **ALL** of the schools that you have previously attended and the length of time spent at each school: _____

ADDITIONAL INFORMATION

- If applicant has been on any medication, prescribed or otherwise, please indicate what medication and frequency of dosage:

- If applicant has been referred for Special Education Services within the past 3 years, please indicate what type and when.*

- If applicant has ever been tested for special academic or behavioral concerns, indicate here:*

ADD

Dyslexia

Hearing Impairment

ADHD

Speech Impairment

Other (specify) _____

* **A copy of these test results must accompany this application.**

- Indicate any specific modifications necessary to facilitate the applicant's education:

- Has the applicant received counseling in the past 3 years? Describe type and frequency of counseling sessions:

- Has the applicant had any discipline problems or are there any pending discipline problems at school? If yes, please explain:

- Has the applicant ever been arrested or convicted of a crime? If yes, please explain:

PARENT'S VERIFICATION STATEMENT

I hereby certify, to the best of my knowledge, that all the information on this application is true and accurate. I understand that if acceptance to St/ John Paul II High School is based on misinformation or lack of information provided in this application, that my child may be asked to withdraw and no fees to include the registration fee or tuition will be refunded.

Parent (or Legal Guardian) Signature

Date