

**JOHN PAUL II CATHOLIC HIGH SCHOOL  
REGISTRATION CARD 2012-2013**

Date of Registration \_\_\_/\_\_\_/\_\_\_

Registration Fee, Received \$ \_\_\_\_\_

Student Entering Grade \_\_\_\_\_

Date Student will begin classes \_\_\_/\_\_\_/\_\_\_

Student # \_\_\_\_\_

**STUDENT INFORMATION**

Student's Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Nickname/Name Student Goes By \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth date Month/Day/Year \_\_\_\_\_ Male/Female \_\_\_\_\_ Gender \_\_\_\_\_ Place of Birth City / State / Country \_\_\_\_\_

Home Phone # \_\_\_\_\_ Permitted in Directory: Yes( ) No( ) \_\_\_\_\_ Guardian e-mail address \_\_\_\_\_ Permitted in Directory: Yes( ) No( ) \_\_\_\_\_

Student's Phone # \_\_\_\_\_ Permitted in Directory: Yes( ) No( ) \_\_\_\_\_ Student's e-mail address \_\_\_\_\_ Permitted in Directory: Yes( ) No( ) \_\_\_\_\_

**Student Home Address**-Permitted in Directory: Yes( ) No( ) \_\_\_\_\_ **Student 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 \_\_\_\_\_

**Ethnic Origin: (Check one)**

\_\_\_\_\_ American Indian/Native Alaskan \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ Multi-Racial \_\_\_\_\_ Native Hawaiian/Pacific Islander \_\_\_\_\_ White

Primary language spoken at home: \_\_\_\_\_

Prior School Attended: \_\_\_\_\_

What Public School attendance area do you reside in? \_\_\_\_\_

Student's Religion \_\_\_\_\_ If Catholic, what Parish is student registered in? \_\_\_\_\_

Permission to publish student photo in brochures, on web site, or in the newspaper or other similar publications? Yes( ) No( )  
How did you hear about our school?

\_\_\_\_\_ Newspaper Advertisement \_\_\_\_\_ Billboard \_\_\_\_\_ Radio /Television Advertisement  
\_\_\_\_\_ Church Bulletin \_\_\_\_\_ Phone Book \_\_\_\_\_ Internet Search  
\_\_\_\_\_ Parent Referral (if so, please let us know who so that we can thank them) \_\_\_\_\_

**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):	Mother / Stepmother / Grandmother / Guardian / Other	Father / Stepfather / Grandfather / Guardian / Other
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager Number:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:	Alumni: Yes( ) No( )	Alumni: Yes( ) No( )

**STUDENT SACRAMENTAL INFORMATION**

If Catholic, please give the following information:

Baptism: No ( ) Yes ( )  
Reconciliation: No ( ) Yes ( )

Eucharist: No ( ) Yes ( )  
Confirmation: No ( ) Yes ( )

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, if necessary: ( )Yes( ) No:

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

List any medical considerations of which the School should be familiar, 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 2012-2013. 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. Refunds of tuition during the school year will be refunded as per diocesan policy. I hereby agree that my child 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

**GRANDPARENT INFORMATION (HIGH SCHOOL ONLY)**

Paternal Grandparents Address: City/State/Zip: CHS Alumni? ( )Yes ( )No Year: Maternal Grandparents Address: City/State/Zip: 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: Y( ) N( ) Date: Immunization Record (Up to date): Y( ) N( ) Date: Baptism Certificate (If Catholic- Elementary Schools Only): Y( ) N( ) Date: Physical Examination by Florida Physician/Clinic (For all Elementary Students and High School Athletes Only): Y( ) N( ) Date: Birth Certificate (Must be original birth certificate with seal or a certified copy): Y( ) N( ) Date: