

**JOHN PAUL II CATHOLIC HIGH SCHOOL
REGISTRATION CARD 2010-2011**

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)

_____ White/Caucasian _____ Asian _____ Hispanic _____ Black/Afro-American
_____ Native American/Pacific Islander _____ Multi-Racial _____ Other _____

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()

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:	Mother	Father
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager Number:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:	Alumni: Yes() No()	Alumni: Yes() No()
Other Adult Student resides with:	Residing Female Adult Information	Residing Male Adult Information
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager:		
Work Address:		
Work Phone Number:		
Marital Status:		
Religion:		
Relationship to Student (circle one):	Stepmother / Grandmother / Guardian / Other	Stepfather / Grandfather / Guardian / Other

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 #

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

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 '10-11' It is also my understanding that the policy of the school is to make no refunds on registration fees. 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 is or a certified copy): Y() N() Date: