



John Paul II Catholic High School

www.jpiichs.org

Registration Form 2010-2011 Entrance Exam

Student Name _____

Address: _____

City _____ State _____ Zip _____

Home Phone #: _____

Parent's Email address: _____ (please print)

School Attending 2009-2010 _____ Grade _____

Students Social Security#: _____

Date of Birth _____

Entrance exam fee \$25.00. Please make check payable to John Paul II CHS.

Parent or Guardian

Signature: _____ Date: _____