

Pope John Paul II Regional Catholic Elementary School

REGISTRATION: _____ SCHOOL YEAR _____ PLEASE PRINT

CHILD'S INFORMATION: GRADE: _____ PARISH: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

COUNTRY OF BIRTH: _____ BIRTH DATE: _____ SEX: _____ RACE: _____

MAILING ADDRESS: _____ PUBLIC SCHOOL DISTRICT: _____

CITY: _____ ZIP CODE: _____ TOWNSHIP: _____ COUNTY: _____

PHONE: _____ EMERGENCY PHONE: _____

SS# _____ RELIGION: _____

PARENTS INFORMATION:

MARITAL STATUS:

MARRIED _____ SEPARATED _____ DIVORCED _____ REMARRIED: _____ SINGLE _____ LIVING TOGETHER _____

FATHERS NAME: _____ RELIGION _____ COUNTRY OF BIRTH _____

FATHER ADDRESS: _____ PHONE# _____
IF DIFFERENT FROM THE CHILD'S CELL# _____

FATHERS OCCUPATION: _____ BUS.PHONE: _____

MOTHERS NAME: _____ MAIDEN NAME: _____ RELIGION _____

MOTHERS ADDRESS: _____ PHONE# _____ COUNTRY OF BIRTH _____ ++
IF DIFFERENT FROM THE CHILDS CELL# _____

MOTHERS OCCUPATION: _____ BUS.PHONE: _____

HOME SITUATION: (CHECK ALL THAT APPLY)

TWO BIOLOGICAL PARENTS _____ MOTHER/STEPFATHER _____ FATHER/STPMOTHER _____

ONE PARENT _____ PARENTS SEPARATED OR DIVORCED _____ OTHER:SPECIFY _____

STEP FATHER'S NAME: _____ STEP MOTHER'S NAME: _____

PARENTAL RIGHTS: (In case of separation or divorce please check)

LEGAL CUSTODY: Joint Custody _____ Sole Custody _____ Mother _____ Father _____

PHYSICAL CUSTODY: Joint Custody _____ Sole Custody _____ Mother _____ Father _____

Guardian: RELATIONSHIP TO STUDENT: _____

IN CASE OF SEPARATION OR DIVORCE THE PRINCIPAL MUST HAVE A COPY OF THE AGREEMENT OR COURT ORDER OUTLINING SHARED LEGAL AND PHYSICAL CUSTODY - please send to Sr. Helen Loretta, Principal

PREVIOUS SCHOOLS ATTENDED: _____ PHONE#: _____
Including Nursery School

ADDRESS CITY ST ZIP CODE

DATE CHURCH CITY&STATE

BAPTISM: _____

FIRST PENANCE: _____

FIRST COMMUNITON: _____

CONFIRMATION: _____