



JOHN PAUL II
THE HIGH SCHOOL
where the gifted and talented excel

JOHN PAUL II HIGH SCHOOL

3036 Saratoga Boulevard
 Corpus Christi, Texas 78415

Phone: 361-855-5744
 Fax: 361-855-1343
 Web: www.jpilhighschool.org

APPLICATION FOR ADMISSION

Enrollment Year 2010-2011

Date of Enrollment _____

Please print or type Registration Fee Must Accompany This Form Receipt # _____
 Date _____

Applying for admission to Grade 9 10 11 12 Gender: Male Female

Last Name _____ First _____ Middle _____ Preferred Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Place of Birth (city and state) _____ Social Security # _____

ETHNIC BACKGROUND

Please select any that apply:

- Asian American Indian/Native Alaskan African American Hispanic
 Native Hawaiian/Pacific Islander White Multi-Racial

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
 Other _____

*If parents are divorced, a copy of the legal custody agreement must accompany this application.
If you are a Guardian, a copy of all legal documents for guardianship must accompany this application.*

FATHER

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Email Address _____
Occupation _____
Employer _____
Business Address _____
City _____ State _____ Zip _____
Business Phone _____

MOTHER

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Email Address _____
Occupation _____
Employer _____
Business Address _____
City _____ State _____ Zip _____
Business Phone _____

GUARDIAN

Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
Email Address _____
Occupation _____
Employer _____
Business Address _____
City _____ State _____ Zip _____
Business Phone _____

ADDITIONAL FAMILY INFORMATION

Mailings should be sent to:

- Both Parents
 Father
 Mother
 Guardian

List Siblings' Names & Ages

Language(s) Spoken in the Home:

- English Spanish Other _____

