



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.jprihighschool.org

APPLICATION FOR ADMISSION

Enrollment Year 2011-2012 Date of Enrollment _____

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

Date _____ Have you or will you apply for Smart Tuition Aid in order to receive tuition assistance: Yes No

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, state, country) Social Security #

 Email address Telephone Number

Do any siblings or family members attend John Paul II H.S. ? Yes No If yes, please provide names below:

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 †Father Only
 †Mother Only †Father & Stepmother
 †Mother & Stepfather †Other _____
 †Legal Guardian

*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 † Mother
† Father † Guardian

List Siblings' Names & Ages

Language(s) Spoken in the Home:

† English † Spanish † Other _____

GRANDPARENTS

| <u>Fraternal</u> | <u>Maternal</u> |
|----------------------------------|----------------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Home Phone _____ Cell _____ | Home Phone _____ Cell _____ |
| Email Address _____ | Email Address _____ |
| Occupation _____ | Occupation _____ |
| Employer _____ | Employer _____ |
| Business Address _____ | Business Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Business Phone _____ | Business Phone _____ |

RELIGIOUS BACKGROUND

The applicant and family attend _____
Parish/Church City/State Pastor

How long have you been members of or attended this parish? _____ years / months (please circle one).

What Church activities or organizations has the applicant participated in?

| | | |
|--------------------------------|-----------------|---------------------------|
| † Altar Server (Altar Boy) | † Lector/Reader | † CCD Volunteer/Assistant |
| † Youth Group (CYO, Life Teen) | † Usher | † SEARCH |
| † Choir | † Bible Study | † Others _____ |

Has the applicant ever been baptized in the Catholic Church or any other Christian Church? YES / NO

Church of Baptism City/State Date of Baptism

If the applicant is Catholic, please indicate any other sacraments that were received?

† First Holy Communion:

Church City/State Date of First Holy Communion

† Confirmation:

Church City/State Date of Confirmation

Please submit a copy of applicant's Baptismal Certificate and certificates for receipt of any other sacraments .

CURRENT SCHOOL INFORMATION

Current School Name

Current Grade in School

Street Address

City

State

Zip Code

Telephone

Length of Time at Current School

ADDITIONAL INFORMATION

- If applicant has been on medication for educational purposes, indicate what medication and frequency of dosage:

- If applicant has been referred for Special Education Services within the past 3 years, please indicate what type and when.*

- If applicant has ever been tested for special academic or behavioral concerns, indicate here:*

†ADD

†Dyslexia

†Hearing Impairment

†ADHD

†Speech Impairment

†Other (specify) _____

* A copy of these test results must accompany this application

- Indicate any specific modifications necessary to facilitate the applicant's education:

- Has the applicant received counseling in the past 3 years? Describe type and frequency of counseling sessions:

- Has the applicant had any discipline problems or are there any pending discipline problems at school? If yes, please explain:

- Has the applicant ever been arrested or convicted of a crime? If yes, please explain:

PARENT'S VERIFICATION STATEMENT

I hereby certify, to the best of my knowledge, that all the information on this application is true and accurate. I understand that if acceptance to John Paul II High School is based on misinformation or lack of information provided in this application, that my child may be asked to withdraw and no tuition or fees will be refunded.

Parent (or Legal Guardian) Signature

Date