

# ST. JOHN PAUL II CATHOLIC HIGH SCHOOL REGISTRATION CARD 2020-2021

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      \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthdate      Male \_\_\_\_\_ Female \_\_\_\_\_  
Gender \_\_\_\_\_ Place of Birth City / State / Country \_\_\_\_\_

Home Phone # \_\_\_\_\_ Permitted in Directory? Yes \_\_\_\_\_ No \_\_\_\_\_      Guardian email address \_\_\_\_\_ Permitted in Directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Student Phone # \_\_\_\_\_ Permitted in Directory? Yes \_\_\_\_\_ No \_\_\_\_\_      Student email address \_\_\_\_\_ Permitted in Directory? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Address \_\_\_\_\_ Permitted in Directory? Yes \_\_\_\_\_ No \_\_\_\_\_      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 \_\_\_\_\_

**Please respond to both the race and the ethnicity (Hispanic or not) question, so that we may accurately complete required reports.**

Is student Hispanic or Latino? Yes \_\_\_\_\_ No \_\_\_\_\_      Race (Check one)      Asian \_\_\_\_\_ Black \_\_\_\_\_ White \_\_\_\_\_  
American Indian / Native Alaskan \_\_\_\_\_  
Native Hawaiian / Pacific Islander \_\_\_\_\_  
Two or more races \_\_\_\_\_

**Does your student have an existing Individualized Education Plan (IEP) or 504 Plan?**      Yes \_\_\_\_\_ No \_\_\_\_\_

Primary language spoken at home:

English Only \_\_\_\_\_ Chinese \_\_\_\_\_ Spanish or Spanish Creole \_\_\_\_\_ Korean \_\_\_\_\_ French \_\_\_\_\_ Tagalog \_\_\_\_\_ Vietnamese \_\_\_\_\_

Other language: \_\_\_\_\_      Public School for your residence: \_\_\_\_\_

Student's Religion: \_\_\_\_\_      Prior School Attended: \_\_\_\_\_

Student's Parish (if Catholic) \_\_\_\_\_      Incoming Kindergarten students only.  
or place of worship (if not Catholic): \_\_\_\_\_      Was your child a VPK student last year?      Yes \_\_\_\_\_ No \_\_\_\_\_

## FAMILY INFORMATION

Student primarily lives with: (check one)      Mother and Father \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparent / Guardian \_\_\_\_\_

Mother / Stepfather \_\_\_\_\_ 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: \_\_\_\_\_

**Information below is for parents, adoptive parents or those with legal guardianship over a child.  
Please include step-parent information on Authorized Contacts Form**

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship:		
Address (if different from above)		
Email:		
Name:		
Military:	No    Active Duty    Retired    Veteran	No    Active Duty    Retired    Veteran
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager #:		
Work Address		
Work Phone:		
Marital Status:		
Religion:	Alumna: Yes    No	Alumnus: Yes    No

Permission to publish student photo in brochures, on web site, or in the newspaper or similar publications? Yes No

How did you hear about our school? Parent Referral (if so, please let us know who, so that we can thank them: \_\_\_\_\_  
Newspaper Advertisement Billboard Radio / Television Advertisement Feeder School  
Church Bulletin Phone Book Internet Search Social Media

Do you have any special gifts or talents that you would like to share with our school? \_\_\_\_\_

### STUDENT SACRAMENTAL INFORMATION

If Catholic, please give the following information: Baptism: Yes No Eucharist: Yes No Reconciliation: Yes No Confirmation: Yes No

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

Preferred Doctor Phone # Preferred Hospital  
Preferred Dentist Phone #

I give my permission for my child to receive emergency medical treatment, including calling 911. Yes No

List any medical considerations of which the school should be aware, 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.)

Medical Issues: \_\_\_\_\_

Daily Medication: \_\_\_\_\_

Allergies (food, medicine, environmental): \_\_\_\_\_

### STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2020-2021. It is also my understanding that the policy of the school is to make no refunds on fees. If a child is withdrawn prior to July 1st, there will be a full refund of tuition minus fees. As of July 1st, there will be no refund of two (2) months of tuition. I understand the policy that my child's attendance at your school may be terminated if tuition is two (2) months in arrears, unless a payment plan has been approved by the Administration. Prior to the beginning of the school year, if two or more month's tuition is not paid the student's registration is automatically terminated and the student's position is relinquished to another student. If a student withdraws from school once classes have begun, tuition up to and including the quarter in which the student withdraws is non-refundable. At any time during the school year, if a family is delinquent in tuition payments by more than one month, the student may not attend school until payments are made current. This includes taking semester exams. All payments for the 2020-2021 school year must be completed for a student to take final exams. I understand I am responsible for all tuition and fees incurred by my child up to the date of withdrawal.

I hereby agree that my child and guardian(s) 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

### SCHOLARSHIP & FINANCIAL AID INFORMATION

In the state of Florida, we are blessed with several school choice scholarship opportunities for families of students in K-12 programs, as well as pre-kindergarten (VPK). Families may qualify for FTC Scholarship based on income and family size; McKay and Gardiner scholarships are based on qualifying special needs. All families seeking tuition assistance should speak with their school's principal about applying for one of the following scholarships in addition to seeking local financial aid:

Please visit <https://ptdiocese.org/scholarships> for more information.



### GRANDPARENT INFORMATION

Paternal Grandparents Maternal Grandparents  
Address Address  
City/State/Zip City/State/Zip  
Alumni?: Yes No Year: 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: Yes( ) No ( ) Date: Immunization Record (up to date?): Yes( ) No ( ) Date:  
Baptism Certificate (If Catholic - Elementary School Only): Yes( ) No ( ) Date:  
Physical Examination by FL Physician/Clinic (For all Elementary Students & High School Athletes: Yes( ) No ( ) Date:  
Birth Certificate (must be original birth certificate w/ seal or certified copy): Yes( ) No ( ) Date:

# **AUTHORIZED CONTACTS (EMERGENCY CONTACTS & AUTHORIZED PICKUPS)**

Please use this form to list authorized contacts for your child/children. **EVERYONE LISTED ON THIS FORM WILL BE ELIGIBLE TO PICK UP YOUR STUDENT(S).** Please instruct emergency contacts and authorized pickups to bring identification (driver's license or other government issued identification) with them when picking up a child.

Please indicate whether the person should be an emergency contact. We will always attempt to contact parents first in case of an emergency.

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. Unless appropriate custody paperwork is received, both parents will have equal rights to access student records, and to provide emergency contacts and authorized pickups.

If you want to apply this list of contacts to all students in the family, please indicate by listing your childrens' names and grades below:

Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____
Student Name: _____	Student's Grade: _____

Name _____	Emergency Contact _____	Lives With _____
Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____
Relationship:		
Stepmother	Aunt	Friend
Stepfather	Uncle	Sibling
		Coach
		Sitter
		Grandparent
		Other _____
Name _____	Emergency Contact _____	Lives With _____
Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____
Relationship:		
Stepmother	Aunt	Friend
Stepfather	Uncle	Sibling
		Coach
		Sitter
		Grandparent
		Other _____
Name _____	Emergency Contact _____	Lives With _____
Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____
Relationship:		
Stepmother	Aunt	Friend
Stepfather	Uncle	Sibling
		Coach
		Sitter
		Grandparent
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Name _____	Emergency Contact _____	Lives With _____
Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____	Phone: Mobile Home Daytime Work _____
Relationship:		
Stepmother	Aunt	Friend
Stepfather	Uncle	Sibling
		Coach
		Sitter
		Grandparent
		Other _____

**PLEASE SEE OTHER SIDE FOR INSTRUCTIONS**

Name _____					Emergency Contact _____					Lives With _____				
<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work
<b>Relationship:</b>														
Stepmother					Aunt					Friend				
Stepfather					Uncle					Sibling				
										Coach				
										Sitter				
										Grandparent				
										Other _____				

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Name _____					Emergency Contact _____					Lives With _____				
<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work
<b>Relationship:</b>														
Stepmother					Aunt					Friend				
Stepfather					Uncle					Sibling				
										Coach				
										Sitter				
										Grandparent				
										Other _____				

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Name _____					Emergency Contact _____					Lives With _____				
<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work
<b>Relationship:</b>														
Stepmother					Aunt					Friend				
Stepfather					Uncle					Sibling				
										Coach				
										Sitter				
										Grandparent				
										Other _____				

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Name _____					Emergency Contact _____					Lives With _____				
<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work
<b>Relationship:</b>														
Stepmother					Aunt					Friend				
Stepfather					Uncle					Sibling				
										Coach				
										Sitter				
										Grandparent				
										Other _____				

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Name _____					Emergency Contact _____					Lives With _____				
<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work
<b>Relationship:</b>														
Stepmother					Aunt					Friend				
Stepfather					Uncle					Sibling				
										Coach				
										Sitter				
										Grandparent				
										Other _____				

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Name _____					Emergency Contact _____					Lives With _____				
<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work	<b>Phone:</b>	Mobile	Home	Daytime	Work
<b>Relationship:</b>														
Stepmother					Aunt					Friend				
Stepfather					Uncle					Sibling				
										Coach				
										Sitter				
										Grandparent				
										Other _____				