

POPE JOHN PAUL II CATHOLIC SCHOOL  
2016-2017 REGISTRATION FORM

For Office Use Only  
FACTS\_\_ FULL\_\_  
QB\_\_ PS\_\_ WF\_\_  
BC\_\_ V\_\_ CC\_\_ CA\_\_

REGISTRATION FEE:  
\$100 per child if paid **by** May 13, 2016  
\$150 per child if paid **after** May 13, 2016

DATE OF REGISTRATION \_\_\_\_\_  
Date Paid \_\_\_\_\_ Amt. Pd. \$\_\_\_\_\_

**THE FOLLOWING INFORMATION IS TO BE COMPLETED IN FULL. PLEASE PRINT IN BLUE OR BLACK INK.  
DO NOT OMIT ANY INFORMATION. NOTIFY THE SCHOOL OFFICE OF ANY CHANGES.**

CHILD'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
FAMILY'S LAST NAME \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_  
PLACE OF BIRTH \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
**2016-2017** GRADE LEVEL \_\_\_\_\_ AGE LAST BIRTHDAY \_\_\_\_\_  
CURRENT (OR LAST SCHOOL) ATTENDED \_\_\_\_\_

**MOTHER**

**FATHER**

LAST NAME _____	LAST NAME _____
FIRST NAME _____	FIRST NAME _____
HOME PHONE _____	HOME PHONE _____
CELL PHONE NUMBER _____	CELL PHONE NUMBER _____
BUSINESS PHONE _____	BUSINESS PHONE _____
OCCUPATION _____	OCCUPATION _____
EMAIL _____	EMAIL _____

WOULD YOU LIKE TO RECEIVE EMAIL UPDATES FROM THE SCHOOL? ( ) YES ( ) NO

FATHER'S ADDRESS IF NOT LIVING TOGETHER \_\_\_\_\_

PARENT STATUS ( ) MARRIED ( ) LIVING TOGETHER; NOT MARRIED ( ) SINGLE  
FATHER ( ) DECEASED ( ) SEPARATED ( ) DIVORCED ( ) REMARRIED  
MOTHER ( ) DECEASED ( ) SEPARATED ( ) DIVORCED ( ) REMARRIED

CHILDREN LIVE WITH \_\_\_\_\_  
(PARENTS, FATHER, MOTHER, GRANDMOTHER, GRANDFATHER, GRANDPARENTS, AUNT, UNCLE, ETC.)

LANGUAGE SPOKEN AT HOME \_\_\_\_\_

STUDENT'S RELIGION ( ) ROMAN CATHOLIC ( ) OTHER \_\_\_\_\_

IF ROMAN CATHOLIC, STUDENT'S DATE OF BAPTISM ____/____/____	CHURCH _____
STUDENT'S DATE OF COMMUNION ____/____/____	CHURCH _____
STUDENT'S DATE OF CONFIRMATION ____/____/____	CHURCH _____

**THE INFORMATION REQUESTED ON THIS FORM IS AN IMPORTANT PART OF YOUR CHILD'S PERMANENT RECORD. IT IS IMPORTANT THAT ALL INFORMATION IS CORRECT AND CURRENT.  
THANK YOU FOR YOUR COOPERATION.**

**\*\*PLEASE COMPLETE OTHER SIDE\*\***



**THE FOLLOWING INFORMATION IS TO BE USED IN COMPLETING THE ARCHDIOCESAN SCHOOL SURVEY.**

ETHNICITY/RACIAL BACKGROUND  WHITE NON-HISPANIC  HISPANIC  
 ASIAN  BLACK NON-HISPANIC  
 BI-RACIAL  NATIVE AMERICAN

DO YOU LIVE 1.5 MILES OR MORE FROM SCHOOL?  YES  NO

HOW DOES YOUR CHILD GET TO SCHOOL?  WALK  CTA BUS  CAR POOL/PRIVATELY DRIVEN CAR  
 PRIVATELY LEASED VEHICLES (I.E., CHARTERED BUS, TAXI, ETC.)

WHAT IS THE NAME OF THE LOCAL PUBLIC SCHOOL YOUR CHILD WOULD ATTEND IF (S)HE DID NOT ATTEND POPE JOHN PAUL II CATHOLIC SCHOOL? \_\_\_\_\_

WAS THE STUDENT BORN OUTSIDE OF THE UNITED STATES?  YES  NO

IF YES, WHAT COUNTRY? \_\_\_\_\_

MY FAMILY IS  A REGISTERED PARISHIONER OF FIVE HOLY MARTYRS \_\_\_\_\_ PARISH ENVELOPE NUMBER  
 A REGISTERED PARISHIONER OF OUR LADY OF FATIMA \_\_\_\_\_ PARISH ENVELOPE NUMBER  
 A REGISTERED PARISHIONER OF IMMACULATE CONCEPTION \_\_\_\_\_ PARISH ENVELOPE NUM.  
 A REGISTERED PARISHIONER OF ST. PANCRATIUS \_\_\_\_\_ PARISH ENVELOPE NUMBER  
 A REGISTERED PARISHIONER OF ANOTHER CATHOLIC PARISH WITH A CATHOLIC SCHOOL  
 A REGISTERED PARISHIONER OF ANOTHER CATHOLIC PARISH WITHOUT A SCHOOL  
 NON-CATHOLIC

FIRST NAME(S) OF BROTHERS AND SISTERS IN ORDER OF BIRTH

	FIRST NAME	AGE	GRADE	SCHOOL ATTENDING
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**\*IMPORTANT EMERGENCY INFORMATION - REQUIRED**

IN CASE OF ILLNESS OR OTHER EMERGENCY, LIST TWO NEARBY RELATIVES OR NEIGHBORS WHO WILL ASSUME RESPONSIBILITY OR TEMPORARY CARE OF YOUR CHILD(REN) IF YOU CANNOT BE REACHED.

- 1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_
- 2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

MEDICATION YOUR CHILD IS TAKING AND REASON FOR USAGE: \_\_\_\_\_

**IN CASE OF ACCIDENT OR SERIOUS INJURY, I REQUEST THE SCHOOL TO MAKE EVERY ATTEMPT TO CONTACT ME. IF THE SCHOOL IS UNABLE TO REACH ME, THE SCHOOL MAY MAKE WHATEVER ARRANGEMENTS NECESSARY.**

**PARENTS/GUARDIAN SIGNATURES - REQUIRED**

\_\_\_\_\_  
 Mother's Signature

\_\_\_\_\_  
 Father's Signature

Date \_\_\_\_\_

**IMPORTANT:**  
**PLEASE NOTIFY THE SCHOOL OFFICE IF ANY INFORMATION CHANGES**