

POPE JOHN PAUL II CATHOLIC SCHOOL  
2017-2018 REGISTRATION FORM

For Office Use Only :	
FACTS	INVOICE
(add \$20)	
PS	WF

REGISTRATION FEE:  
\$100 per child if paid **by** May 12, 2017  
\$150 per child if paid **after** May 12, 2017

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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
**2017-2018** GRADE LEVEL \_\_\_\_\_ AGE LAST BIRTHDAY \_\_\_\_\_  
CURRENT (OR LAST SCHOOL) ATTENDED \_\_\_\_\_

**MOTHER**

**FATHER**

LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE NUMBER \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
EMAIL \_\_\_\_\_

LAST NAME \_\_\_\_\_  
FIRST NAME \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
CELL PHONE NUMBER \_\_\_\_\_  
BUSINESS PHONE \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
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!**