

NEW STUDENT APPLICATION FOR ENROLLMENT 2011-2012

GRADE 2011-2012

Please circle the Grade for which you wish to apply: PreK K1 K2 1 2 3 4 5 6 7 8
*Age child MUST BE by August 31, 2011: *3 *4 *5

CAMPUS CHOICE

Please indicate your campus choice. Place #1 for first choice and #2 for second choice next to the campuses below:

___ Columbia Road 790 Columbia Road Dorchester, MA 02125	___ Lower Mills 2214 Dorchester Ave Dorchester, MA 02124	___ Mattapan 120 Babson St Mattapan, MA 02126	___ Neponset 239 Neponset Ave Dorchester, MA 02122
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STUDENT INFORMATION

Student Legal Name: _____
Last Name First Name Middle Name

Date of Birth: _____ **Place of Birth:** _____

Home Telephone: _____ **Student Gender:** Male: ___ Female: ___ **Race/Ethnicity:** _____

Student Address: _____
Street City State Zip

Grade '09-'10: _____ **School '09-'10:** _____ **Language Spoken at Home:** _____

Religion: _____ **Date of Baptism:** _____ **House of Worship:** _____

Please indicate whom the student lives with: Both Parents _____ Birth Mother _____ Birth Father _____ Other _____

FAMILY INFORMATION

Mother/Guardian 1:

Legal Name: _____ **Relationship to Student:** _____

Address: _____
Street City State Zip

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____ **Mother's Maiden Name:** _____

Place of Birth: _____ **Religion:** _____

Father/Guardian 2:

Legal Name: _____ **Relationship to Student:** _____

Address: _____
Street City State Zip

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Email: _____ **Occupation:** _____ **Place of Birth:** _____ **Religion:** _____

ADDITIONAL STUDENT INFORMATION

Has your child ever been placed on an Individual Education Plan (IEP) or had a CORE evaluation? Yes_____ No_____

*If yes, please provide a copy with your application.

Has your child ever been diagnosed with any learning disabilities? Yes_____ No_____

*If yes please explain: _____

Has your child ever been suspended or expelled from school? Yes_____ No_____

*If yes, please explain: _____

Do you intend to use the: After School Program_____ Before School Program_____

*Check any that apply

Do you intend to use the Boston School Bus Transportation *if eligibility requirements are met?* Yes_____ No_____

Please indicate the name(s) and grade(s) of any siblings applying to and/or attending the Pope John Paul II Catholic Academy:

DOCUMENTS NEEDED

In order for the student's application to be completed, the following documents must be received by the campus to which you are applying:

- _____ Student's Baptismal Certificate (if Catholic)
- _____ Student's Birth Certificate (or Passport if born outside the U.S.)
- _____ Student's Immunization Records
- _____ Student's Report Card (K-7)

SIGNATURE

I/We have some questions. Could someone from the campuses please contact us for further information. Tel: _____

By signing below, I certify that the information above is accurate.

Name of Parent/Guardian (*please print*): _____

Signature of Parent/Guardian _____ Date _____

How did you hear about the Academy? Newspaper Ad Church Bulletin Website Friends/family
 Another Parent Other (please specify): _____

You can also apply online at www.popejp2catholicacademy.org!

For Office Use Only:

Baptismal Certificate:_____ Birth Certificate:_____ Immunization Forms:_____ Passport:_____ Report Card:_____ Deposit Received:_____ Amount:_____

Date of Completed File:_____ File Completed By:_____ Age Verified By:_____ CK. No.:_____

Copy to Business Office: _____ Date: _____