



ST. JOHN PAUL II HIGH SCHOOL

Cape Cod's Only Catholic Secondary School

APPLICATION FOR ADMISSION

Please Print

ATTACH
PHOTO

APPLICANT INFORMATION

Legal Name _____
LAST FIRST MIDDLE NICKNAME

Street Address _____
NUMBER STREET CITY STATE ZIP

Mailing Address _____
(if different than above) PO BOX/STREET NUMBER STREET CITY STATE ZIP

Email Address _____ @ _____

Social Security Number _____ - _____ Telephone () _____ - _____

Date of Birth _____ / _____ / _____ Place of Birth _____
CITY STATE

Gender: Male Female Year Applying For: Freshman Sophomore
(check one) Junior Senior

Resides With: Mother & Father Mother & Stepfather Father & Stepmother Father Only Mother Only Guardian Grandparents Other _____
(check one)

To Whom Should The School Direct Mailings? Mr. & Mrs. Mr. Mrs. Miss/Ms. Doctor Doctor & Mrs. Mr. & Dr. Reverend & Mrs.
(check one)

For Billing Purposes: Guarantor _____ MAILING NAME
FIRST NAME MIDDLE INITIAL LAST NAME

Guarantor's Social Security Number _____ - _____

PREVIOUS SCHOOLS

(List Current School First)

NAME OF SCHOOL CITY STATE

NAME OF SCHOOL CITY STATE

PARENT INFORMATION

Father's Name _____

Mother's Name _____

Living _____ Deceased _____
DATE

Living _____ Deceased _____
DATE

Home Address _____
(if different than applicant address)

Home Address _____
(if different than applicant address)

Email Address _____ @ _____

Email Address _____ @ _____

Home Phone () _____ - _____

Home Phone () _____ - _____

Cell Phone () _____

Cell Phone () _____

High School Attended _____

High School Attended _____

College(s) Attended _____

College(s) Attended _____

Occupation _____

Occupation _____

Title/Position _____

Title/Position _____

Employer _____

Employer _____

City/State _____

City/State _____

Business Telephone () _____

Business Telephone () _____

GUARDIAN INFORMATION

(if other than parents)

_____ () _____ - _____
NAME RELATIONSHIP TELEPHONE

_____ NUMBER STREET CITY STATE ZIP

EMERGENCY CONTACT

(must be other than parent/guardian)

_____ () _____ - _____
NAME RELATIONSHIP TELEPHONE

PARISH/CHURCH

(check one)

Catholic Non-Catholic

_____ NAME OF PARISH/CHURCH CITY STATE

SIBLINGS

Number of Brothers: Older _____ Younger _____

Number of Sisters: Older _____ Younger _____

NAME	RELATIONSHIP	AGE

ACCOMODATIONS

Please indicate any disability, condition, or accomodations relating to academic success (e.g., learning disability, IEP, 504 Plan, or other accomodations)

PHYSICAL

Do you have any physical challenges, health difficulties, or other special situations of which we should be aware?

INTERESTS

(check as many as apply)

What activities would you be interested in participating at St. John Paul II High School?

- | | | | |
|--|------------------------------------|--|--|
| <input type="radio"/> Baseball | <input type="radio"/> Golf | <input type="radio"/> Softball | <input type="radio"/> Band |
| <input type="radio"/> Basketball–Boys | <input type="radio"/> Ice Hockey | <input type="radio"/> Swimming | <input type="radio"/> Campus Ministry |
| <input type="radio"/> Basketball–Girls | <input type="radio"/> Lacrosse | <input type="radio"/> Tennis–Boys | <input type="radio"/> Chorus |
| <input type="radio"/> Cheerleading | <input type="radio"/> Sailing | <input type="radio"/> Tennis–Girls | <input type="radio"/> Drama Club |
| <input type="radio"/> Cross Country | <input type="radio"/> Soccer–Boys | <input type="radio"/> Volleyball–Girls | <input type="radio"/> Literary Magazine |
| <input type="radio"/> Football | <input type="radio"/> Soccer–Girls | | <input type="radio"/> Student Ambassador |
| | | | <input type="radio"/> Student Council |
| | | | <input type="radio"/> Yearbook |

