



Pope John Paul II Academy
“A private independent school in the Catholic tradition”
Application for Admission

STUDENT

Today's Date: _____ Phone: () _____ SS# _____
(Required)

Student's Full Name: _____
(Last) (First) (Middle) (Prefers to be called)

Address: _____
(Street or PO Box) (City) (State) (Zip)

Grade Entering _____ Age _____ Birth Date _____

Religion: _____ Parish or Place of Worship: _____

Public School Applicant WOULD Attend _____

Student's Ethnic Background: Boy [] Girl []

Sacraments Received and Dates: [] Caucasian [] Afro/American

[] Baptism _____ [] First Communion _____ [] American Indian [] Hispanic

[] Reconciliation _____ [] Confirmation _____ [] Asian [] Other: _____

FATHER

Full Name: _____ Phone: () _____
(Last) (First) (Middle)

Address: _____ SS# _____
(Street or PO) (City) (State) (Zip)

Place of Employment: _____ Title: _____

Address: _____ Phone: _____

Religion: _____ Place of Worship: _____

Email: _____

MOTHER

Full Name: _____ Phone: () _____
(Last) (First) (Middle)

Address: _____ SS# _____
(Street or PO) (City) (State) (Zip)

Place of Employment: _____ Title: _____

Address: _____ Phone: _____

Religion: _____ Place of Worship: _____

Email: _____

STEP-PARENT OR GUARDIAN

Full Name: _____ Phone: () _____
(Last) (First) (Middle)

Address: _____ SS# _____
(Street or PO) (City) (State) (Zip)

Place of Employment: _____ Title: _____

Address: _____ Phone: _____

Religion: _____ Place of Worship: _____

Email: _____

Scholastic Information

Applicant's current or most recent school: _____

Grades attended: _____

Address: _____

Principal or Head: _____

Other Schools Attended

Name of School	Location	Grades	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Has your child been suspended from or asked to leave any school? Yes No If yes, please explain:

How did you hear about Pope John Paul II Academy? _____

Medical History

Please describe any illness, diseases or physical disabilities which either have affected or may affect your child's general health, his schoolwork or his participation in the school's athletic programs.

What special abilities does your child have (i.e., athletic, artistic, musical or academic, etc.)? _____

Have any behavioral, psychological or educational evaluations of your child been done? Yes No If yes, when and by whom?

(We may request from you a copy of the report)

Description of Child

Please describe your child as objectively as possible in the space below. Include ways, general and specific, you expect your child to benefit from Pope John Paul II Academy.

Family Questionnaire

We would like to get to know you and your child better and appreciate your taking the time to answer these questions:

What would you say are your child's main assets, qualities, or talents? (Academically, socially, physically, and/or morally)

What do you expect from a Pope John Paul II Academy education?

What kinds of activities do you enjoy doing together as a family?

What kind of discipline/reward system do you have at home?

Please address correspondence to:

Pope John Paul II Academy
236 S. 3rd Street Suite 217
Montrose, CO 81401

Signature(s) _____

Student Questionnaire

(Please answer the following questions if entering the fifth grade and above: optional for younger grades)

What hobbies, sports, and activities do you most enjoy outside of school?

What is your favorite subject and why?

Please describe an event that has had a special impact or significance in your life.
