

**2019 – 2020 Pope John Paul Pre-Registration Form**



**Contact Information**

Parent(s) /Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Email Address \_\_\_\_\_

Parent Address if Not Living Together \_\_\_\_\_

**Emergency Contacts**

Emergency Contact 1 Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Emergency Contact 1 Address \_\_\_\_\_

Emergency Contact 2 Name \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Emergency Contact 2 Address \_\_\_\_\_

**Student(s) Information**

Name #1 \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade\* \_\_\_\_\_

Name #2 \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade\* \_\_\_\_\_

Name #3 \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade\* \_\_\_\_\_

Name #4 \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade\* \_\_\_\_\_

\*If applying for prekindergarten, is child toilet trained? Yes \_\_\_ No \_\_\_

Student's Religion: \_\_\_\_\_ Parish \_\_\_\_\_

Please provide dates of:

	Student #1	Student #2	Student #3	Student #4
Baptism				
Communion				
Confirmation				

Please list last 3 schools/day care your student(s) attended in previous years:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

For school use only:

I, hereby, authorize Pope John Paul II Catholic School Officials to conduct prior school(s) attended for references.

Parent/Guardian Signature \_\_\_\_\_

**Ethnicity/Racial Background:** \_\_\_ White/Non-Hispanic \_\_\_ Hispanic \_\_\_ Asian \_\_\_ Black Non-Hispanic  
 \_\_\_ Bi-Racial \_\_\_ Native American

**Language(s) Spoken at Home:** \_\_\_\_\_

**Parents Marital Status:** \_\_\_Married \_\_\_Widow \_\_\_Separated \_\_\_Single \_\_\_Widow \_\_\_Divorced

For most recent year, please respond to the following to the best of your knowledge by student:

Number of .....	Student #1	Student #2	Student #3	Student #4
Awards received (Catholic)				
School related activities participated (such as sports, civic, or school clubs)				
Absences				
Disciplinary Actions Required				
Copy of most recent report card				

Do any of your students have any of the following? If yes, please provide documentation.

	Student #1	Student #2	Student #3	Student #4
Individualized Education Plan (IEP/CIEP/504)				
Severe Allergies				
Asthma (Action Plan)				
Daily Medication (if administered during school hours)				
Weekly Medical Services (ex. therapy, etc.)				

**Tuition Rates and Financial Information**

**K-8<sup>th</sup> Grade Tuition Rates**

1 student \$5,059  
 2 students \$9,799  
 3 students \$13,114  
 4 students \$14,946

**Preschool Tuition Rates**

PreK Full day \$5,059\*  
 \*PreK is not included in multi-student discount

**Fees**

Registration Fee\* \$140 per family, \$40 auto bill  
 Financial Aid Application Fee \$30 per family  
 \*Fees not covered by Illinois Tax Credit Scholarship

**Tuition Assistance K-8<sup>th</sup> Grade**

Have your child/children been awarded with any of the following?  
 IF so please list the amount below:

\_\_\_ Illinois Tax Credit Scholarship \$ \_\_\_\_\_  
 \_\_\_ Big Shoulders Scholarship (if transferring from a Catholic School) \$ \_\_\_\_\_  
 \_\_\_ Caritas /Phoenix Scholarship (if transferring from a Catholic School) \$ \_\_\_\_\_  
 \_\_\_ School Financial Aid \$ \_\_\_\_\_

Did you apply to Empower Illinois or Big Shoulders SGO's? Yes \_\_\_ No \_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about PJPII? \_\_\_ Facebook \_\_\_ School Website \_\_\_ Big Shoulders Fund \_\_\_\_\_ Other  
 \_\_\_\_\_ Parish Name \_\_\_\_\_ Name of Family Referral