



# Student Application Form

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Date: \_\_\_\_\_

Applying for Grade: \_\_\_\_\_

Enrolment Deposit Form Completed: Yes \_\_\_ No \_\_\_ Starting in September 20 \_\_\_\_\_

STUDENT INFORMATION		<i>Please print clearly</i>	
<b>Applicant's Name</b>			
(Last)	(First)	(Middle)	(Preferred)
<b>Home Phone:</b>		<b>Parent E-mail:</b>	
<b>Address:</b>			
<b>City &amp; Province:</b>		<b>Postal Code:</b>	
<b>Date of Birth:</b> (mm-dd-yyyy)		<b>Place of Birth:</b>	
<b>Citizenship:</b>		<b>Are you first nations? Yes ___ No ___</b>	
<b>Religious Denomination:</b>		<b>Home Parish:</b>	
<b>Child's Current Elementary School:</b>			
<b>Does your child have an Individual Education Plan or a Case Management Plan from his or her previous school?</b>			
No ___ Yes ___ <i>(Please attach current and relevant supporting documents)</i>			
<b>Medical Information</b> (allergies, special needs, physical or emotional conditions): <i>(Please attach any pertinent documents, test results, etc.)</i>			
<b>Has your child been asked to leave or been suspended from school?</b>			
No ___ Yes ___ If yes, please explain on separate sheet			
<b>Siblings at St. John Paul II Academy</b>			
<b>Name:</b>		<b>Grade:</b>	
<b>Name:</b>		<b>Grade:</b>	

**St. John Paul II Alumni Relatives**

**Name:** \_\_\_\_\_ **Grad Year/Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Grad Year/Relationship:** \_\_\_\_\_

**PARENTAL AND FAMILY INFORMATION** *(All information below must be completed)*

**Father's Name:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Address if different from applicant's**

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Address if different from applicant's**

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Signature - BOTH PARENTS** of the applicant have jointly agreed to submit this application for consideration. The Applicant's Parents / Guardians affirm that they have answered all questions fully and truthfully. The Administration of St. John Paul II Academy reserves the right to cease processing of the application for non-disclosure of information.

**Parent's signatures:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**For Office Use Only – Do Not Write**

**Application Fee Processed on:**

**Received by:**