Student Application Form

SCHOOL. FAMILY. COMMITMENT | www.sjp2academy.com

Date: _____

Applying for Grade: _____

Enrolment Deposit Form Completed: Yes___ No ___

Starting in September 20_____

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

Siblings at Saint John Paul II Academy		
Name:	**Grade:**	
Name:	**Grade:**	

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 Saint John Paul II Academy reserves the right to cease processing of the application for nondisclosure of information.

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

Application Fee Processed on:

Received by: