



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 St. John Paul II Academy Name: _____ Grade: _____ Name: _____ Grade: _____		
Names of other Siblings & current grades: 		
PARENTAL AND FAMILY INFORMATION <i>(All information below must be completed)</i>		
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 nondisclosure of information.		
Parent's signatures: _____		Date of Application: _____