

Pope John Paul II Academy
"A private independent school in the Catholic tradition"

Application for Admission

Today's Date:	Phone: ()	SS#	
Last	First	Middle	Prefers to be called
Address:		City	Cr. , 7:
Street or PO		City	State Zip
Grade Entering	Age	Birth Date	
Religion:	Parish or I	Place of Worship	
Public School Applicant WOU	ULD Attend		
Sacraments Received and I □Baptism □1st □Reconciliation		Student's Ethnic Backgr □Caucasian □ □American Indian □ □Asian □	Afro/American
<u>FATHER</u>		Cell: ()
Full Name:	Finat	Phone: ()
Last	First	Midale	
Street or PO	City	State Zip	
Street or PO	City	State Zip	le:
Street or PO Place of Employment:	City	State Zip Tit	
Street or PO Place of Employment: Address:	City	State Zip	
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Street or PO Place of Employment: Address: Religion: Email:	City Place	State Zip Tit Work Pho e of Worship: Plea	se print clearly.
Street or PO Place of Employment: Address: Religion: Email:	City Place	State Zip Tit Work Pho e of Worship: Plea Cell: (se print clearly.
Place of Employment: Address: Religion: Email: MOTHER Full Name: Last	Place	State Zip Tit Work Pho e of Worship: Plea Cell: (Phone: (se print clearly.
Place of Employment:Address:	Place	State Zip Tit Work Pho e of Worship: Plea Cell: (Phone: (se print clearly.
Place of Employment:Address:	Place First City	State Zip Tit Work Pho e of Worship: Plea Cell: (Phone: (Middle SS#_ State Zip	se print clearly.
Place of Employment: Address: Religion: Email: MOTHER Full Name: Last Address: Street or PO Place of Employment:	Place First	State Zip Tit Work Pho e of Worship: Plea Cell: (Phone: (Middle SS# State Zip Titl	se print clearly.

Place of Employment: Address: Religion: Place of Worship: Email: Scholastic Information Applicant's current or most recent school: Grades attended: Address of School: Principal or Head: Other Schools Attended Name of School Location Grade Has your child been suspended from or asked to leave any school? If yes, please explain: How did you hear about Pope John Paul II Academy? Medical History	Title: Work Phone: Please print clearly. Dates
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your child's general health, his schoolwork, or his participation in the schoolwark special abilities does your child have (i.e. athletic, academic, musical, or a	pol's athletic programs.
Have any behavioral, psychological, or educational evaluations of your charges, when, what kind, and by whom?	ild been done? □yes □no
(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. I specific, you expect your child to benefit from PJP2A.	
	nclude ways, general and
	nclude ways, general and
	nclude ways, general and

Description	of child continued:					
		Family Info	rmation			
		Paren				
Are both pa	arents living? □yes □	no □Married □	Separated	□Divorce	ed	
					l □Mother R	emarried
Applicant is	s living with: □Both Pa □Otl	rents				
Is applicant	t adopted: □yes □no	If yes, at what age	?	Does he/sl	he know? □ye	s 🗆 no
~a ~:						
	's parents are divorced,	-	-	-		
School rela	ted decisions:		School bills:	1	·	
Custody of	tne student:		Receive school communications: Siblings			
	Name	Age		So	chool	
	Tuille	1150	Grade			
Deternal Cr	randparant (a):					
Address.	randparent (s):					
Addiess	Street or PO	City		State	Zip	
Address:	randparent (s):					
	Street or PO	City		State	Zip	
Maternal G	randparent (s):					
Address:	Tanuparent (s).					
	Street or PO	City		State	Zip	
Maternal G	randparent (s):					
Address:	Street on PO					
	G, , DO	<i>G</i> :,		C, ,	7:	

Family Questionnaire

We would like to get to know you and your child better and would 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?
Signature (s)

Please address correspondence to: Pope John Paul II Academy 67051 Sunnyside Rd. Montrose, CO 81401

(970) 249-2996 email: popejohnpaul2academy@gmail.com

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.			