



**STEP-PARENT OR GUARDIAN**

Cell: ( ) \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

*Last First Middle*

Address: \_\_\_\_\_ SS# \_\_\_\_\_

*Street or PO City State Zip*

Place of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

Email: \_\_\_\_\_ Please print clearly.

**Scholastic Information**

Applicant's current or most recent school: \_\_\_\_\_

Grades attended: \_\_\_\_\_

Address of School: \_\_\_\_\_

Principal or Head: \_\_\_\_\_

**Other Schools Attended**

Name of School	Location	Grades	Dates

Has your child been suspended from or asked to leave any school? yes no

If yes, please explain: \_\_\_\_\_

How did you hear about Pope John Paul II Academy? \_\_\_\_\_

**Medical History**

Please describe any illness, diseases, or physical disabilities which either have affected or may affect your child's general health, his schoolwork, or his participation in the school's athletic programs.

What special abilities does your child have (i.e. athletic, academic, musical, or artistic)? \_\_\_\_\_

Have any behavioral, psychological, or educational evaluations of your child been done? yes no

If yes, when, what kind, and by whom? \_\_\_\_\_  
*(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. Include ways, general and specific, you expect your child to benefit from PJP2A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of child continued:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Information**  
**Parents**

Are both parents living? yes no Married Separated Divorced  
Father Remarried Mother Remarried

Applicant is living with: Both Parents Father Mother  
Other (Please Specify): \_\_\_\_\_

Is applicant adopted: yes no If yes, at what age? \_\_\_\_\_ Does he/she know? yes no

If applicant's parents are divorced, which parent has legal responsibility for:

School related decisions: \_\_\_\_\_ School bills: \_\_\_\_\_

Custody of the student: \_\_\_\_\_ Receive school communications: \_\_\_\_\_

**Siblings**

Name Age Grade School

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Paternal Grandparent (s): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO City State Zip*

Paternal Grandparent (s): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO City State Zip*

Maternal Grandparent (s): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO City State Zip*

Maternal Grandparent (s): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street or PO City State Zip*

*(Grandparents are invited to attend special events and receive certain school mailings. Therefore, please ensure that names and addresses are completed and accurate.)*

## 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](mailto: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.

---

---

---

---

---

---