



**Pope John Paul II Academy**  
 "A private independent school in the Catholic tradition"  
**Application for Admission**

**STUDENT**

Today's Date: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ SS# \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
Last First Middle Prefers to be called

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

Grade Entering \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Religion: \_\_\_\_\_ Parish or Place of Worship \_\_\_\_\_

Public School Applicant WOULD Attend \_\_\_\_\_

*Student's Ethnic Background: Boy  Girl*

*Sacraments Received and Dates:*

Baptism \_\_\_\_\_  1st Communion \_\_\_\_\_  
 Reconciliation \_\_\_\_\_  Confirmation \_\_\_\_\_

Caucasian  Afro/American  
 American Indian  Hispanic  
 Asian  Other \_\_\_\_\_

**FATHER**

Full Name: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Last First Middle Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ SS# \_\_\_\_\_  
Street or PO City State Zip

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

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

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

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

**MOTHER**

Full Name: \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
Last First Middle Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ SS# \_\_\_\_\_  
Street or PO City State Zip

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

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

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

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



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)

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What do you expect from a Pope John Paul II Academy education?

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What kinds of activities do you enjoy doing together as a family?

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What kind of discipline/reward system do you have at home?

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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?

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What is your favorite subject and why?

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Please describe an event that has had a special impact or significance in your life.

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