St. John Paul II Classical Academy
2005 Davis Dr.
Blair, NE 68008

REGISTRATION FORM

SJP2CA.com
402.218.4020
office@sjp2ca.com

The following information is needed for school records. All information given will be considered confidential. Please call if there is a change in any of this information at any time during the year. **PLEASE PRINT**

STUDENT INFORMATION

Student's Name _____ Sex: ☐ Male ☐ Female
Last First Middle

Grade: _____ Age:_____ Birthdate: _____ Religion: ☐ Catholic ☐ Other

Place of Birth: _____
City County State

Home Address: _____ Home Telephone: _____
Street City State Zip

PARENT/GUARDIAN INFORMATION

Parent #1 Name:_____Relationship: ☐ Parent ☐ Grandparent ☐ Guardian

E-Mail Address:_____Cell Phone: _____

Place of Employment:_____Work Phone: _____

Parent #2 Name:_____Relationship: ☐ Parent ☐ Grandparent ☐ Guardian

E-Mail Address:_____Cell Phone: _____

Place of Employment:_____Work Phone: _____

Marital Status: ☐ Married ☐ Single
Student Lives With: ☐ Father ☐ Mother ☐ Both Parents ☐ Guardian

FAMILY INFORMATION

Home Parish_____,_____

How many children in the family? _____

Each student in family will need to have a separate registration form on file.

Are you looking for tuition assistance? _____Yes_____No

Are you requiring before and/or after school care? ____Yes_____No

Family doctor to call in case of emergency or illness:_____Phone:_____

Emergency Contacts:

#1:_____Phone: _____
#2:_____Phone:_____

_____ _____ _____
Parent#1 Signature Parent #2 Signature Date

Each Registration must include a $100 registration fee applicable to tuition at enrollment.
Please make Check payable to St. John Paul II Classical Academy, 2005 Davis Dr., Blair, NE 68008