

**APPLICATION FOR ADMISSION TO JOHN PAUL II ACADEMY**

Parent/Guardian Name: \_\_\_\_\_  
Last

\_\_\_\_\_  
Father/Guardian Mother/Guardian

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

Child/Children's Name(s)	Grade Entering
_____	_____
_____	_____
_____	_____

Last School Attended	Address
_____	_____

Phone Number \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_  
\_\_\_\_\_

Has/Have the child/children listed above for consideration had educational or psychological evaluations? Yes No (If yes, please complete the following and provide a copy of the evaluation with this application. All information will be kept confidential.)

Child's Name	Type of Evaluation
_____	_____
_____	_____

Along with this application please include your child's/children's most current report card and standardized testing administered.

Name of current JPIIA recommending family (if applicable):

\_\_\_\_\_  
Last Name First Name

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Completed Application Received: \_\_\_\_\_

By: \_\_\_\_\_

Date for Interview/Screening: \_\_\_\_\_ Time: \_\_\_\_\_