



Pope John Paul II Catholic School

320 North Ashe Street, Southern Pines, NC 28387
910.692.6241

New Student Application for Kindergarten – 8th Grade

Today's Date _____ Registration for Grade _____ School Year _____

PUPIL RECORD

Student Name _____ Social Security # _____
Last First Middle
Address _____ Telephone # _____
City/State _____ Zip _____ E-mail Address _____
Place of Birth _____ Date of Birth _____

Ethnicity* (choose one): American Indian/Native Alaskan Asian African American Hispanic Multi-Racial
 Native Hawaiian/Pacific Islander White *for NCEA data bank purposes

Child lives with Mother Father Stepmother Stepfather Other (Check all that apply)

FAMILY RECORD

Father's Name _____ Religion _____
Father's Occupation _____ Work Phone # _____
Father's Rank if Military _____ Cell Phone# _____
Father's Place of Birth _____ Living _____ Deceased _____
Mother's Name _____ Religion _____
Mother's Occupation _____ Work Phone # _____
Mother's Rank if Military _____ Cell Phone# _____
Mother's Place of Birth _____ Living _____ Deceased _____

Parents of Child are: Married Separated Divorced

Grades of other children already attending Pope John Paul II School: _____, _____, _____, _____

Parents are registered parishioners of _____ Church

Last School Child Attended: _____

Has child been retained or recommended for retention? yes or no If yes, what grade? _____

SPECIAL INFORMATION

Any illness/allergies that the school should be aware of: (if none, please indicate) _____

Special educational needs that the school should be aware of: _____

FEES A \$250 Non-refundable registration/re-registration fee must be enclosed with this application to be considered for admission.

Copies of forms to be delivered with application

Birth Certificate Recent Report Card (if applicable) Record Release Form (if applicable)
 Immunization record 1st Communion Certificate (if applicable) Kindergarten Health Form (signed by doctor)
 Baptismal Certificate (if applicable) Confirmation Certificate (if applicable)

Additionally, a signed Tuition Payment Agreement must be returned along with this application indicating payment in full, semi-annually or monthly. Monthly & Semi-Annual Payments will be drafted from checking or savings account through FACTS Tuition Management.

Signature of Parent/Guardian _____ Date _____

Parent Honor Code

1. Each parent is expected to maintain an open and honest line of communication with faculty.
2. Each parent is expected to use proper channels of communication, starting with the teacher, then the principal, and then both if necessary.
3. Each parent is expected to model Catholic/Christian respect and values.

Parent Signature _____ Date _____

Student Release

Pope John Paul II Catholic School may participate in activities in which there is an opportunity for your child to be photographed or videotaped. We may use these pictures in the newspaper or on our website.

My child's picture may or may not (*circle one*) be used in the newspaper.

My child's picture may or may not (*circle one*) be used on PJP website.

Parent Signature _____ Date _____

Service Hours

All families are required to fulfill 20 hours of service to Pope John Paul II School. Any hours unfulfilled by May 1, 2010 will be billed to the family at \$25 per hour.

Parent Signature _____ Date _____

Pope John Paul II Catholic School
Tuition Payment Agreement

This completed form must accompany the registration application.

Please print clearly:

Parent(s) Name(s): _____

Address: _____

City/State/Zip: _____

Student's Name: _____

Total Annual Tuition \$_____

Please check here if you are applying for financial aid through FACTS. Application must be completed on-line.

Please select one of the following payment options:

Option 1 – Single payment of \$_____ (includes 3% discount) due on 6/1/2010. *This may be paid by credit card, but the discount would be eliminated to reflect bank fees charged to school.*

Option 2 – Two payments of \$_____ due 6/2010 and 12/2010 (no discount applies) through FACTS (\$10 non-refundable administrative fee applies.) FACTS Agreements are available in the office and may be submitted at any time, but no later than May 3, 2010.

Option 3 – Monthly payments through FACTS (\$41 non-refundable administrative fee applies.) FACTS Agreements are available in the office and may be submitted at any time, but no later than May 3, 2010.

Withdrawal Policy

- Families must notify the school in writing if a student is withdrawn from the school
- Registered students who withdraw before the first full day of school are responsible for 33% of the full tuition amount.
- Registered students who withdraw between the first day of school and December 1st are responsible for 50% of the annual tuition amount.
- Registered student who withdraw after December 1st are responsible for the full tuition amount.

By signing this, I acknowledge that I have read & understand this agreement. I further understand that payments must be received BY THE DUE DATE to receive credit as shown under Option 1. There are no exceptions.

Parent Signature

Date



Pope John Paul II Catholic School

320 N Ashe Street
Southern Pines, North Carolina 28387
910.692.6241 (ph)
910.692.2286 (fax)

Re: Records transfer

Dear Parents,

Please complete this form and return it to Pope John Paul II Catholic School. You do not need to obtain your child's records from his/her current school. We will send for the records.

Last School Attended: _____

Street Address: _____

City, State, and Zip Code: _____

Dear Registrar:

The student(s) listed below formerly attended your school. Please send the complete school records, test scores, grade placement information, health record, etc.

Student Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Signature of Parent/Guardian: _____

Date: _____

Sincerely,

Rick Kruska, Ed.D
Principal

Please complete, sign & return at your earliest convenience. Thank you.