



Saint John Paul II Regional School

"Faith and Reason"

2018-19 Registration

Last Name: _____ First Name: _____

Street: _____ Apt: _____

Town: _____ State: _____ Zip Code: _____

Mailing address: same different (see below)

Street: _____ PO Box: _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____

Family email address: _____

Grade Level: _____ Date of Birth: _____ Gender: _____

Place of Birth: _____ Date of Entry into US: _____

Race (please circle):

American Indian or Alaska Native Asian Black or African American

Native Hawaiian/Other Pacific Islander White

Ethnicity (please circle): Hispanic Non-Hispanic

Public School District: _____

Last School Attended: _____ Town: _____

Family Information

Mother Information

Father Information

First Name:	_____	_____
Last Name:	_____	_____
Maiden Name:	_____	_____
Relationship:	_____	_____
Religion:	_____	_____
Home address (if different from child):	_____	_____
Place of birth:	_____	_____
Date of Entry into US:	_____	_____
Employer:	_____	_____
Work phone:	_____	_____
Cell phone:	_____	_____
Email address:	_____	_____

Child resides with (please circle): Both parents Mother only Father only

Other (please indicate) _____

Legal custody (please circle): Both parents Mother only Father only

Other (please indicate) _____

**Please provide proof of custody if applicable*

Primary language: _____

Siblings attending St. John Paul II Regional School in September

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____

Name: _____ Date of Birth: _____ Grade: _____



Religious Information

Religion: _____

Home Parish: _____ Town: _____ Envelope #: _____

Baptism
Church: _____ Town: _____ Date: _____

Reconciliation
Church: _____ Town: _____ Date: _____

First Holy Communion
Church: _____ Town: _____ Date: _____

Confirmation
Church: _____ Town: _____ Date: _____

Prior Schools Attended

<u>Name of School/Town</u>	<u>Grade(s)</u>	<u>Years</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please use this space for any pertinent information important for the school to know:

Parent Signature: _____ Date: _____

Please return this form to:
DRVC Department of Education
128 Cherry Lane
Hicksville, NY 11801

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