



St. John Paul II Regional School

515 Marcy Avenue, Riverhead, NY 11901
(631) 727-1650 P – (631) 727-3945 F – sjp2regional.org

Application for Admission

Date: _____ Application to Grade: _____ School Year: _____

*All Nursery, Pre-K and Kindergarten students must be fully potty trained (no pull-ups allowed).

Student's Name: _____
Last First Middle

Address: _____
Street

City State Zip Code

Home Phone: (____) _____ E-Mail Address: _____@_____

Residing School District: _____ Gender: _____ Male _____ Female

DOB: _____ Age: _____ Place of Birth: _____

Ethnicity: (Circle ALL that Apply) Caucasian / Alaskan / Native American / Asian / African American / Hispanic / Pacific Islander

Religion: _____ Home Parish: _____

Baptism: _____

First Penance: _____

First Communion: _____

Confirmation: _____

Current/Most Recent School: _____ Grades Attended: _____

Address: _____ Phone: _____

Previous School(s)	Location	Grades Attended	Dates
_____	_____	_____	_____
_____	_____	_____	_____

Does this child have: 504 _____ IEP _____ Other Needs? _____

Has the student been suspended or asked to leave any school? ___ Yes ___ No. If yes please explain:

Languages spoken at home: _____ Child's Primary Language: _____

OFFICE USE ONLY:

Non-Refun. Family Reg. Fee \$250(\$200) Check# _____ Birth Cert. _____ Bap Cert. _____

Records Release _____ Immunization Records _____ Placement Tests _____

Student Tech Fee \$100 each: Check # _____

PLEASE CONTINUE TO THE NEXT PAGE

'Faith and Reason'