



St. John Paul II Regional School

515 Marcy Avenue, Riverhead, NY 11901
(631) 727-1650 – admissions@sjp2regional.org

Application for Admission (one per student)

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

Street Address: _____
Street

City State Zip Code

Is your Mailing Address the SAME of DIFFERENT? If so, please provide an address for mail:

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

Residing School District: _____

DOB: _____ Age: _____ Gender: _____ Male _____ Female

Custody Issues: _____ (Provide Legal Documentation as needed.)

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 _____ (Provide current copies.)

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-Ref. Family Reg. Fee \$ _____ Check# _____ Non-Ref. Tech Fee \$125 each: Check # _____

Birth Cert. _____ Bap Cert. _____ Testing _____ Records Release _____ Immun Records _____ Legal _____