



# St. John Paul II Regional School

515 Marcy Avenue, Riverhead, NY 11901, Office: (631) 727-1650

admissions@sjp2regional.org, www.sjp2regional.org

## Application for Re-Admission (complete 1 for each student)

☐

Returning

Today's Date: \_\_\_\_\_

Application to Grade: \_\_\_\_\_

School Year: 2024-2025

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NOT Returning to SJPII for the 2024-2025 school year. Please send a Withdrawal Form and a Request to send Records to our new school. Thank you.

Student's Name: \_\_\_\_\_

Last

First

Middle

Physical Address: \_\_\_\_\_

Street

City

State

Zip Code

Is your Mailing Address the **SAME** of **DIFFERENT**? If not, 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: \_\_\_\_\_

Does this child have: 504 \_\_\_\_\_ IEP \_\_\_\_\_ (Provide current copies.)

Other Needs? \_\_\_\_\_

Languages spoken at home: \_\_\_\_\_ Child's Primary Language: \_\_\_\_\_

OFFICE USE ONLY: IEP Provided \_\_\_\_\_ Legal Provided \_\_\_\_\_

Non-Refun. Family Reg. Fee \_\_\_\_\_ Student Tech Fee \$125 each: \_\_\_\_\_

*'Faith and Reason'*