Student Name:		
Student Ivaine.	Last Name	First Name
Current School:		
	School Name	Current Grade





Office of Admissions 5608 Pacific Ave. SE Lacey, WA 98503 360-438-7600

### www.popejp2hs.org

#### NON-DISCRIMINATION POLICY

Pope John Paul II High School admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

It does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, athletic programs or other school-administered programs.

FOR OFFICE USE ONLY
Application Fee:
Received By:
Date:
Check #/payment type:

## Student Information

Please print or type.

Student Name:	First		Middle	
		Цот		
Nickname if preferred:	Gender	1101110	e Filone.	
Home Address:			City	Zip Code
Applicant Lives with (parent or pare	nts, guardian, relative):		-	-
Student Email:				
Date of Birth:	Place of Birth:			
Religion:	Practicing? Yes  No	Place o	of Worship:	
Ethnic Origin ( <i>check all that apply</i> ):  Alaska Native or Americ Other	can Indian		American Asian American	Hispanic or Latino
If Applicant is coming from a foreig	n country, complete the fo	ollowing:		
Name of USA sponsor/guard	ian·			
Type of Visa Applicant now	holds:			
Current School Attending:			Gra	ade:
School Address:				
School Address:  Street		City	State	Zip Code
School Phone:				
Names of those who will provide rec	commendation forms:			
Mathematics Teacher	So	cience Teacl	ner	
English Teacher	P1	rincipal or C	ounselor	
If other schools attended in the past,	list the three most recent:			
School	City, State		Grade(s) At	tended

# Parent/Guardian Information

Please print or type.

	Last	First		iddle	
Title: ☐ Mr. ☐ Dr.	Father's Email:				
Home Phone:	Work Phone:	(	Cell Phone:		
Home Address:  (If different from student)  Street		City	State	Zip Code	
Religion:		:h:			
Education: Name of High	School			on Year:	
Name of Colle	ge(s)		Dates At	tended:	
Employer:					
If military, please indicate sta	tus:				
Stepparent name: (If applicable)					
		First	Mi	iddle	
Mother/Guardian Name: Title: □ Mrs. □ Ms. □	Last  Dr. Mother's Ema	First ail:			
Mother/Guardian Name:  Title: ☐ Mrs. ☐ Ms. ☐  Home Phone:  Home Address:	Last  Dr. Mother's Emails  Work Phone:	First ail: (	Cell Phone:		
Mother/Guardian Name:  Title:	Last  Dr. Mother's Emails  Work Phone:	First ail: (	Cell Phone:	Zip Code	
Mother/Guardian Name:  Title:	Last  Dr. Mother's Emails  Work Phone:	First  ail: C  City	Cell Phone:	Zip Code	
Mother/Guardian Name:  Title:	Dr. Mother's Emails Mother's E	First  ail: C  City  Ch:	Cell Phone:	Zip Code	
Mother/Guardian Name:  Title:	Dr. Mother's Emails and Mo	First ail: C  City  th:	Cell Phone: State  Graduation Dates Att	zip Code on Year: tended:	
Mother/Guardian Name:  Title:	Dr. Mother's Email Mother's Email Mork Phone:  Place of Bird School  ge(s)	First ail: C  City  Ch: Position:	State  Graduation  Dates At	Zip Code on Year: tended:	

#### Student Information (Continued) Please print or type.

Brothers and Sisters:	T tease p	in or type.			
Name		Grade	Current School		
How did you hear abou	t Pope John Paul II High School	ol?			
*	activities in which you have particip job. You may also include any hono		years. Include s	school, church, sports,	
Activity	Dates Involved	Activ	vity	Dates Involved	
			- 15		
What do you see as you	r unique strengths?				
, , , , , , , , , , , , , , , , , , ,					
Doronta vihat da viau sa	o og vour student's unique stre	n atha?			
Parents, what do you se	e as your student's unique stre	ngus?			
Are there any academic	, social, or physical challenges	of which we need	I to be aware?	☐ Yes ☐ No	
If yes, please explain: _					
Student Signature:			Dat	te:	

Mail completed application to: Admissions, Pope John Paul II High School, 5608 Pacific Ave. SE, Lacey, WA 98503

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_