



**POPE JOHN PAUL II  
HIGH SCHOOL**

5608 Pacific Ave. S.E., Lacey, WA 98503  
360-438-7600

STUDENT REGISTRATION FORM			Registration Fee: (must accompany form)	
Student				
Grade Level		Birth Date		
Gender		Class of		Student ID #

STUDENT INFORMATION				
First Name		Home Address		Place of birth
Middle Name		City, ST, Zip		Religion
Last Name		Home Phone		Church
Suffix		Student Cell Phone		Ethnicity
Nickname		Student Email		Previous School

	Parent/Guardian 1
Relationship	
Title	
First Name	
Last Name	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
Ethnicity	
Profession	
Religion	

	Parent/Guardian 2
Relationship	
Title	
First Name	
Last Name	
Address	
City, State, Zip	
Home Phone	
Work Phone	
Cell Phone	
Email Address	
Ethnicity	
Profession	
Religion	

**EMERGENCY CONTACTS – Parents will be contacted first. Please provide 1 alternate contact.**

ALTERNATE (name)	Home Phone	Work Phone	Cell Phone
Relationship to Student	Email		

**MEDICAL INFORMATION**

School staff needs to know when your child has a current ongoing health problem for which she or he may require help during the school day. Remember to advise the Main Office of any changes in information. Make sure all immunization information is correct and up-to-date. **CURRENT MEDICATIONS:** If the student is currently on any medications (prescription and/or non-prescription) you must also complete a Self-medication Agreement Form for EACH medication and return this form to the Main Office. This form is available on the website or from the school office.


**CHECK ALL THAT APPLY:**

<input type="checkbox"/> Severe Allergies (list below)      Carries Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If any of these apply, please explain your plan for medical assistance—doctors etc. while your student is in the United States.
<input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Diabetes—Carries Insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Heart Disease <input type="checkbox"/> Asthma—Carries Inhaler? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**OTHER SPECIAL HEALTH NEEDS AT SCHOOL:** Please note any injuries, recent surgery, prolonged illness, corrective lenses or special health problems that would help emergency personnel care for your child or which may require special attention.

**AUTHORIZATIONS – Please read carefully. A selection for each section is required.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	I authorize Pope John Paul II High School and its representatives to use their judgment in determining emergency care and procedures for my child. I also understand and agree that the School assumes no financial obligation for expenses incurred in carrying out emergency procedures and/or emergency transportation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the case of illness, accident or other emergency involving the student, the School is authorized to send my child to the nearest hospital?
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give Pope John Paul II High School permission to use a photograph of this minor on its websites, social media sites, or in publications. I understand that photographs <i>will not be published with identifying information</i> (e.g. name, age, etc.) unless my permission is given on a case-by-case basis. For examples of social media see Facebook: Pope John Paul II High School, Lacey, WA or Twitter: @AdvanceJPII. This permission will be in effect annually from September to August unless this permission is revoked by written notice to JPII.

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

Return this <b>SIGNED</b> form along with your payment to the address listed at the top of the other side. Your student will not be registered unless this form is signed and accompanied by the registration fee.	<b>OFFICE USE ONLY:</b> Fee: \$ _____ Date: _____ CC or Check # _____ Rcv'd by: _____
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