



**ST. JOHN PAUL II CLASSICAL CATHOLIC SCHOOL**  
**(IN CONJUNCTION WITH CHRIST THE GOOD SHEPHERD PARISH)**

**CLASSICAL CONNECT ENROLLMENT**

**2026-2027**

**ENROLLEE INFORMATION**

Student Name\* \_\_\_\_\_

Street Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Student Home Phone\* \_\_\_\_\_

Student Date of Birth\* \_\_\_\_\_ Gender\* \_\_\_\_\_

Grade for 2026-2027 School Year\* \_\_\_\_\_

**HOUSEHOLD INFORMATION**

Are there any special custody circumstances that the school should be made aware of? (i.e. divorce/custody arrangements or shared responsibility of tuition/fees.\*

YES     NO

**First Parent/Guardian**

First and Last Name\* \_\_\_\_\_

Salutation\* \_\_\_\_\_ Gender\* \_\_\_\_\_ Relationship to Student\* \_\_\_\_\_

Email Address\* \_\_\_\_\_

Cell Phone\* \_\_\_\_\_ Work Phone\* \_\_\_\_\_

**Second Parent/Guardian**

First and Last Name: \_\_\_\_\_

Salutation: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\* indicates a required field

**EMERGENCY CONTACTS AND AUTHORIZED PICKUPS**

Please list persons we may contact in the event of an emergency and indicate if they are authorized to pick up the student.

First/Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized to Pick Up Enrollee

YES     NO

First/Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Authorized to Pick Up Enrollee

YES     NO

**MEDICAL INFORMATION**

Doctor\* \_\_\_\_\_ Phone\* \_\_\_\_\_

Address \_\_\_\_\_ Hospital \_\_\_\_\_

Permission to treat\*

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

YES     NO

Medical health conditions include Asthma, Diabetes, Heart Condition, Seizures, etc.

Does the student have any medical conditions?\*

YES     NO

Allergies include Insect Bites, Foods, Medications, Seasonal, etc.

Does the student have any medical conditions?\*

YES     NO

Does your child have any unusual health conditions? Please indicate below.\*

YES     NO

\* indicates a required field

**MEDICAL INFORMATION CONTINUED**

I further authorize the person who presents the minor to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.\*

YES     NO

This authorization is complete and signed of my own free will with the sole purpose of authorizing medical treatment deem necessary and appropriate by the treating physician.\*

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Parent/Guardian Signature

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Date

**STUDENT ACCEPTABLE USE AGREEMENT\***

As a computer user, I agree to follow the rules and code of ethics in all of my work with computers while attending St. John Paul II Classical Catholic School. I recognize that all computer users have the same right to use the equipment; therefore, I will not use the computer resources for non-academic purposes. I will not waste or take supplies such as paper, printer cartridges, and discs that are provided by the school. When I am in the computer lab, I will talk softly and work in ways that will not disturb other users. I will keep my computer work area clean and will not eat or drink in the computer lab.

YES     NO

I recognize that software is protected by copyright laws; therefore, I will not make unauthorized copies of software and I will not give, lend, or sell copies of software to others. I understand that I will not be allowed to bring software applications, games, or CD-ROMs from home to be used on school equipment without proof of licensure and prior approval of appropriate school personnel.

YES     NO

I recognize that the work of all users is valuable; therefore, I will protect the privacy of others by not trying to learn their password; I will not copy, change, read, or use files from another user without prior permission from that user; I will not attempt to gain unauthorized access to system programs for computer equipment; I will not use computer systems to disturb or harass other computer users or use inappropriate language in my communications.

YES     NO

I will honor my school's procedures for the storage of information. I realize that after prior notice has been given to me, files may be deleted from the system to protect the integrity of the network or because of space limitations on the computer's hard drive.

YES     NO

\* indicates a required field

Each student who received Internet access will be instructed in the proper use of the network. The use of the Internet must be in support of education and research consistent with the education objectives of the school. Students using network or computing resources must comply with the appropriate rules for that network or resource. Students are never permitted to type a web address/URL into a web browser.

YES     NO

As a user of a network, I will not use bulletin boards or chat lines for personal use. In addition, I will not reveal my personal information, home address, or personal phone number or those of students, teachers, or other staff members. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secret. The use of school computers and networking resources for commercial activities is not permitted. Their use for product advertisement or political lobbying is also prohibited.

YES     NO

Parents must realize that their students may encounter material on a network/bulletin board that they do not consider appropriate (vulgar jokes, statements of belief that some might consider immoral, etc.) The student is responsible for not pursuing material that could be considered offensive.

YES     NO

The use of the computer is a privilege, not a right, and inappropriate use will result in the cancellation of these privileges. Vandalism or intentional modification of system settings will result in cancellation of privileges and/or school disciplinary action. The school reserves the right to seek financial restitution of any damage caused by a student or other user. The system administrators will deem what is inappropriate use, and their decision is final. The administration, faculty, and staff of the school may request that the system administrator deny, revoke, or suspend specific user privileges. Violations of the rules described above will be dealt with seriously.

YES     NO

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Parent/Guardian Signature

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Date

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Student Signature

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Date

### **AUTHORIZATION TO USE STUDENT IMAGES\***

St. John Paul II Classical Catholic School (the School) engages in various correspondence with parents, students, faculty, and members of the community regarding education, the School, its mission, and its educational and other activities, including, maintaining a website on the Internet; publishing a parish and/or school bulletin, and/or newsletter or brochure; publishing articles in community newsletters, producing videos or DVD's etc. (collectively, "Publication") Parents are the parents or legal guardians of the child who is a student at St. John Paul II Classical Catholic School.

\* indicates a required field

In connection with the Students' attendance at the School and participation in School events and activities, or as part of Students' school work or extracurricular activities, Students may create drawings, artwork, etc., stories, essays, poems, reports, and other writings or Parents may provide to the School, or the School may create or have created, certain audiotapes, videotapes, photographs, drawings, or other materials which contain the likenesses of the Students (collectively, "Images").

YES     NO

Parents authorize the School to use, display, adapt copy, modify, and post any such images, now or in the future, as the School deems appropriate, in Publications.

YES     NO

Parents understand and agree that there will be no compensation of any kind provided to Parents or Students by the School, or by any third party, for the Images for this Authorization and rights granted to the School by the Parents.

YES     NO

Parents or Students may cancel this Authorization at any time by providing written notice to the School at 1590 Riverbank, Lincoln Park, MI 48146. In addition, Parents may, at any time, direct the School in writing at the same address to remove any particular image from its web site. Within a reasonable time after such direction, the School will remove the Image of the Students from its web site and delete them for future Publications.

YES     NO

The School will not be liable to the Parents and/or the Students, regardless of the form of action or theory of recovery, for any direct, indirect, incidental, consequential, special, punitive, or exemplary damages in connection with, or in any way related to, this Authorization or the School's use of the images of the Students authorized in this Authorization

YES     NO

Parents have read and understand this Authorization and have made this Authorization based solely on their judgement and not on any representations or promises from the School. This Authorization constitutes the entire agreement with respect to the School's use of the Images. This Authorization may be amended or supplemented only by a writing signed by the School and Parents.

YES     NO

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Parent/Guardian Signature

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Date

### **CONSENT FOR DISCLOSURE**

Consent for Disclosure of Personally Identifiable Information & Immunization Information to Local and State Health Departments

Immunizations are an important part of keeping our children healthy. Schools and State and Local health departments must monitor immunization levels to ensure that all communities are protected from potentially

\* indicates a required field

life-threatening diseases and, if necessary, respond promptly to an emerging public health threat. It is important that disease threats be minimized through the monitoring of students being immunized.

Sharing immunization and personally identifiable information including the student's name, date of birth, gender, and address with local and state health departments will help to keep your child safe from vaccine preventable diseases. The Family Educational Rights and Privacy Act (FERPA), 20 U.S.C. § 1232g, requires written parental consent before personally identifiable information and immunization information from your child's education records is disclosed to the health department. If your child is 18 or over, he or she is an "eligible student" and must provide consent for disclosures of information from his or her education records.

You may withdraw your consent to share this information in writing at any time.\*

YES     NO

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Parent/Guardian Signature

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Date

### **ACKNOWLEDGEMENT OF ELECTRONIC DISTRIBUTION OF STUDENT HANDBOOK\***

Student handbook: [www.jp2catholic.com](http://www.jp2catholic.com)

I/We have chosen to accept the responsibility for accessing the Student Handbook by visiting the web address listed above. If a paper copy is needed, please contact the school office at 313-386-0633.

YES     NO

I understand that the handbooks contains information that my child(ren) and I may need during the school year. If you have any questions regarding the handbook, I should direct those questions to the principal: Mrs. Melissa Manczak at 313-386-0633.

YES     NO

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Parent/Guardian Signature

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Date

### **TUITION CONTRACT\***

Tuition is based on semesters. Students will meet on Wednesdays for Latin, Literature, and Science classes.

Full Year - \$900/per student

Please feel free to join the school for Mass on Wednesdays at 8:15am and adoration on Mondays and Fridays at 2:30pm. The students are welcome to join in on field trips and will be charged the field trip rate per event.

\* indicates a required field

This agreement is made and entered into between Christ the Good Shepherd Parish/St. John Paul II Classical Catholic School and \_\_\_\_\_

Parent/Guardian of Student (Print First and Last Name)

Payment of Tuition: The undersigned agrees to pay tuition for the full school year. When registering please visit or call the parish office to set-up a payment plan.

If a tuition payment is forty-five (45) days overdue, Christ the Good Shepherd/St. John Paul II Classical Catholic School may impose any or all of the following sanctions, at the school's sole discretion, unless special payment arrangements have been made in writing, signed by the school's principal or administrator. Sanctioned actions include:

1. Assessing late fees
2. Disallowing student's participation in sports or other school activities
3. Withdrawing student from class participation
4. Withdrawing student from school
5. Using a collection agency
6. Filing a claim in court

I understand the terms above.

YES     NO

Refunds: If a student is withdrawn, for any reason other than request by the school or mutual agreement, during the school year, remaining tuition through the end of the year must be paid in full unless the school principal or administrator agrees in writing to refund a portion of the remaining tuition. Otherwise, there will be no refund, credit, or reduction for withdrawal, absences, vacations, snow days, illnesses, holidays, or moving. If a student is asked to leave or withdrawal from school, the undersigned is responsible for the prorated annual tuition through the end of the quarter in which the student withdraws. Prepaid tuition will be refunded in full only if cancellation is made, in writing to the school, within 30 days prior to the first day of classes are scheduled to start.

YES     NO

I/We understand the school reserves the right to deny enrollment and/or expel a student whom it determines is unsuitable for enrollment.

YES     NO

I/We, the undersigned, have read and understand the Terms and Conditions of this Agreement, for the enrollment of students for the 2026-2027 School Year. I/We agree to abide by said Terms and Conditions and agree to fulfill the total financial obligations for payments of tuition, field trips, and any other school expenses as set forth herein.

YES     NO

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

\_\_\_\_\_  
Date

\* indicates a required field

**AGREEMENT\***

My signature below affirms that all of the information contained in this enrollment packet is correct, complete, and honestly presented. I understand the withholding or misrepresenting information in this packet may jeopardize my child's enrollment.

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

\_\_\_\_\_  
Date

\* indicates a required field