



St. James School Enrollment Form

2009-2010

PK - 8

Please be sure that ALL information is completed!

Today's Date _____ **How did you hear about St. James?** _____

Child's Name: _____
Last First Middle Nickname

Grade: _____ Date of Birth _____ () Boy () Girl Race _____

Place of Birth _____
City State Country

Religion: _____ Language Spoken at Home: _____

Baptism _____
Date Place

Communion _____
Date Place

Confirmation _____
Date Place

Student lives with Both parents Father Only Mother Only Father & Stepmother Mother & Stepfather
 Other (indicate name/relationship to student) _____

1) Transfer () Yes () No

2) Regular Classroom () Yes () No

3) Special Ed: () Yes () No

4) Physical disability () Yes () No

School which student previously attended: _____

Name City State Zip

Public school which student would attend: _____

Name City State Zip

PRIMARY MAILING ADDRESS:

Indicate how mail should be addressed to parent/stepparent/guardian at the student's home
Ex. (Mr. & Mrs. Sam Jones)

Name _____
Dr. Mr. Mrs. Ms. (Please specify)

Street _____

City _____

State _____ Zip _____

Use this address for **Billing** YES NO

ADDITIONAL MAILING ADDRESS

Indicate how mail should be addressed to parent/stepparent/guardian who does not reside with student.

Name _____
Dr. Mr. Mrs. Ms. (Please specify)

Street _____

City _____

State _____ Zip _____

Use this address for **Billing** YES NO

For Office Use only: Deposit for PK Paid \$ _____ Date: _____ Registration Fee Paid \$ _____ Date: _____

Other Fees: \$ _____ Date: _____ () Check # _____ () Cash

() Birth Certificate () Health & Immunization Record () Baptismal Certificate

COMPLETE Family Information ----->



2009-2010

St. James School
Enrollment Form

PK – 8

Preschool Students

FAMILY NAME: _____

Preschool Class Information

The administration reserves the right to cancel a class if enrollment is insufficient. The administration also reserves the right to schedule children into sessions based on age and class size.

Classes offered: please mark the class of your first choice with your child's name

SEEDLING ANGEL PROGRAM (children who are 3 by September 1 are eligible for this program)

_____ Monday and Wednesday, 8:30 - 11:00 a.m.

_____ Tuesday and Thursday, 8:30 - 11:00 a.m.

Option for the Seedling Angels

Yes, I am interested in the third day option for my child if there is space available.
I will be notified by June 1st.

_____ Friday 8:30 - 11:00 a.m.

BUDDING ANGEL PROGRAM (children who are 3 ½ by September 1 are eligible for this program)

_____ Monday, Wednesday, Friday 8:30 - 11:00 a.m.

_____ Tuesday, Thursday, Friday 8:30 - 11:00 a.m.

BLOSSOMING ANGEL PROGRAM (children who are 4 by September 1 are eligible for this program)

_____ 3 Day A.M. Class (Monday/Wednesday/Friday 8:30 - 11:00 a.m.)

_____ 5 Day A.M. Class (Monday through Friday, 8:30 - 11:00 a.m.)

_____ 3 Day P.M. Class (Monday, Wednesday, Friday, 12:30 - 3:00 p.m.)

_____ 5 Day P.M. Class (Monday through Friday, 12:30 - 3:00 p.m.)