



2011-2012 St. James School Enrollment For PK – 8

Please be sure that ALL information is completed!

Today's Date _____

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: _____

Sacrament	Date	Parish	Location of Parish
Baptism			
Reconciliation/Confession			
First Communion			
Confirmation			

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

Check which applies: 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



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COMPLETE Family Information ----->

FAMILY NAME: _____

SIBLING INFORMATION:

Sibling Last Name	First Name	Age	Gender	Grade	School they are attending
			M F		
			M F		
			M F		
			M F		

PARENT/GUARDIAN INFORMATION:

Father/Guardian's Last Name	Salutation	Father/Guardian's First Name	Home Street Address if different than billing address:		Birthplace/Religion
City, State, Zip		Home Telephone	Cell Phone	E-Mail Address	
Occupation/Place of Employment		Employer's Address	City, State, Zip		Business Telephone
Mother/Guardian's Last Name	Salutation	Mother/Guardian's First Name	Home Street Address if different than billing address:		Birthplace/Religion
Mother/Guardian's Maiden Name					
City, State, Zip		Home Telephone	Cell Phone	E-Mail Address	
Occupation/Place of Employment		Employer's Address	City, State, Zip		Business Telephone

Family Status Parents are married Parents Separated Mother Remarried Mother Deceased
 Parents Divorced Father Remarried Father Deceased

Parents are Catholic and registered members of:

() St. James () Immaculate Conception () Holy Cross () St. Mary () Other _____
 Please Specify

Parents are not registered at St. James but would like parish registration information.

Do you live 1.5 miles or more from St. James School? () Yes () No

How do your children come to school? (**check only one**) () Walk () Car () Bike () Train

How did you hear about St. James? _____



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.

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.)