



# 2010-2011 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
<b>Baptism</b>			
<b>Reconciliation/Confession</b>			
<b>First Communion</b>			
<b>Confirmation</b>			

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

<p><b>PRIMARY MAILING ADDRESS:</b> Indicate how mail should be addressed to parent/stepparent/guardian at the student's home Ex. (Mr. &amp; Mrs. Sam Jones)</p> <p>Name _____ Dr. Mr. Mrs. Ms. (Please specify)</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Use this address for <b>Billing</b> YES NO</p>	<p><b>ADDITIONAL MAILING ADDRESS</b> Indicate how mail should be addressed to parent/stepparent/guardian who does not reside with student.</p> <p>Name _____ Dr. Mr. Mrs. Ms. (Please specify)</p> <p>Street _____</p> <p>City _____</p> <p>State _____ Zip _____</p> <p>Use this address for <b>Billing</b> YES NO</p>
--	---

<p><b>For Office Use only:</b> Deposit for PK Paid \$ _____ Date: _____</p> <p>Other Fees: \$ _____ Date: _____</p> <p>( ) Birth Certificate ( ) Health &amp; Immunization Record</p>	<p>Registration Fee Paid \$ _____ Date: _____</p> <p>( ) Check # _____ ( ) Cash</p> <p>( ) Baptismal Certificate</p>
---	--



# 2010-2011 St. James School Enrollment For PK – 8

## 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	Title	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 and Place of Employment		Employer's Address	City, State, Zip	Business Phone	
Mother/Guardian's Last Name	Title	Mother/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 and Place of Employment		Employer's Address	City, State, Zip	Business Phone	

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.)