

## New Student Application 2025-26 A New Student Application must be filled out for each child you are enrolling

Family Name

Date Family Name					
Student Name		Male	Fen	nale	
Last First Address_	Middle				
Home Phone Number	City		State	Zip	
Child's Date of Birth	Child's Place of Birth	1		Country	
		City	State	Country	
<b>Grade for 25-26</b> (Please circle) PreK3 Pre	K4 K 1 2	3 4	5 6	7 8	
If you Selected PreK3 or PreK4 Please selec			N. 6/TC /33.7. /		
M/W/F Half Day M/W/F Full Day	M/1/W/1h/F F	falf Day	M/1/W/.	In/F Full Day	
If you Selected <b>K</b> Please select one of the pr	ograms below:				
<i>v</i> 1	Full, T/Th Half)	Full Day			
Person responsible for tuition	Re	lationship	to child		
Father's Name	Mother's Name				
Father's Address	Mother's Address				
Father's Cell #	— Mother's Cell#				
Father's Email					
	Mother's Occupation				
	Mother's Place of Work				
	Mother's Business Phone				
Marital Status (Circle one): Married					
Please Check this box if you do not	t want vour contact	informati	an nuhlish	ed in the	
School Directory	t want your contact	imoi mati	on publist	icu ili tilc	
(If applicable)					
Stepfather's Name	Stepmother's Name	e			
Stepfather's Address	Stepmother's NameStepmother's Address				
Stepfather's Cell #	Stepmother's Cell ‡	 #			
	Stepmother's Occupation				
	Stepmother's Place of Work				
Custodial Parent					
	_	_	k/Sup. Fee p		
			L L - #		
PLEASE COMPLETE REVERSE SIDE	Office us	se only   C	heck #		



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Are parents alumni	of St. James School? ☐ Ye	s □ No - Which Paren	t is alumni?	
Child's Church of B City/State	Baptism	Date of Baptism		
Student ethnicity VONLY ONE	White, non-Hispanic African American		Native American Asian	
Language spoken at	home			
Parish at which fam	ily is registered	St. Jan	nes Envelope Number	
the individual needs services they need, service plan, please learninglab@stjame Please select the box   IEP	x below if your child has an  ☐ 504 Plan  ☐	of any existing service pelow and send it to our my of the following plant Accommodation/Mod	ride your child with any plans. If your child has a Learning Lab at as:	
School last attended		7. /0. /		
	would attend(			
1 done sensor enna	would attend			
Means of transporta	tion to school:   Walk	☐ Drive		
Names and ages of	nan 1.5 miles from St. James elementary children <i>not</i> enr	rolled at St. James	No	
Photo Release On occasion, the scl website, yearbook, a initialing and signin	hool uses photos and/or aca advertisements, bulletin arting ag below, I give permission ny format including group o	demic work of students cles, and other public r for the school to publis	relations material). By h my child/ren's photo or	
Parent/Guardian Sig	gnature	 Date		

New students must submit original or copy of birth certificate and, if baptized in the Catholic Church, baptismal certificate. Please drop off copies of the documents to the school office or email them to secretaries@stjamesschoolah.org