

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

DateFamily Name									
Student Name_			Ma	le	F	Fema	ale		
Last First Address_		Middle							
Home Phone Number	•	City Religion			State		Zip		
Child's Date of Birth	Child's Place	e of Birt	h	City	State		Count		
Grade for 25-26 (Please circle) PreK3 Pre			3	4	5	6	7	8	
If you Selected PreK3 or PreK4 Please selected M/W/F Half Day M/W/F Full Day		_			M/T/V	W/Th	ı/F Ful	l Day	
If you Selected K Please select one of the pr Half Day Hybrid (M/W/F)	_		Full l	Day					
Person responsible for tuition		Re	elations	hip to	child				
Father's Name	Mother's Name								
	Mother's Address								
Father's Cell #	— Mother's	Cell#							
	Mother's Cell # Mother's Email								
	Mother's Occupation_								
Father's Place of Work									
	Mother's Business Phone								
Marital Status (Circle one): Married	Divorced								
Please Check this box if you do not School Directory	t want your	contac	t inforn	ıatioı	n publ	ishe	ed in 1	the	
(If applicable)									
Stepfather's Name	r's Name Stepmother's Name_								
Stepfather's Address									
Stepfather's Cell #	- Stepmothe	r's Cell	#						
1	Stepmother's Cell # Stepmother's Occupation								
Stepfather's Place of Work									
Custodial Parent									
				Bk/	Sup. Fe	e pd.			
PLEASE COMPLETE REVERSE SIDE		Office	ise only	Che	ck #			_	



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

Are parents alumni	of St. James School? ☐ Yes	☐ No - Which Pare	nt is alumni?				
Child's Church of E City/State	Baptism	Date of	f Baptism				
Student ethnicity VONLY ONE	White, non-HispanicAfrican American		Native American Asian				
Language spoken a	t home						
Parish at which fam	nily is registered	St. Ja	St. James Envelope Number				
received in the past needed classroom s	on: Please review the list belo or that they are currently rec upport, select all areas that are out for additional information	eiving. To ensure that pply to your child. A	at St. James can provide the				
☐ IEP or private so	chool equivalent 504 or p	private school equiva	alent Early Intervention				
☐ English as a Sec	ond Language Occupat	ional Therapy 🔲 P	Physical Therapy				
☐ Speech and Lan	guage Therapy	ork or counseling se	ervices				
☐ Gifted services	☐ Other therapeutic service	ces					
List previous schoo	ls attended						
Public School child	would attend		District #				
Do you live more th	nation to school: Walk Donan 1.5 miles from St. James elementary children <i>not</i> enro	School? ☐ Yes ☐ N	lo -				
website, yearbook, initialing and signir academic work in a	hool uses photos and/or acadadvertisements, bulletin articing below, I give permission for any format including group or	les, and other public or the school to public individual photos.	relations material). By ish my child/ren's photo or				
Parent/Guardian Signature	gnature	Date					