

Student Application-PK 4 2019-2020



Date _____

Family Name _____

Student Name _____ Male _____ Female _____
Last First Middle

Address _____
Street City State Zip

Landline Phone Number _____ Religion _____

E-Mail Address _____ Check here for "do not publish".

Child's Date of Birth _____ Child's Place of Birth _____
City State Country

Circle Program of Choice **3 Day Morning** **3 Day Full Day** **5 Day Full day**

Person responsible for tuition payment _____ Relationship to child _____ Marital Status _____

Father's Name _____ Mother's Name _____

Father's Address _____ Mother's Address _____

Father's Landline # _____ Mother's Landline # _____

Father's Cell # _____ Mother's Cell # _____

Father's Occupation _____ Mother's Occupation _____

Father's Place of Work _____ Mother's Place of Work _____

Father's Business Phone _____ Mother's Business Phone _____

Father's Social Security # _____ Mother's Social Security # _____

(If applicable)

Stepfather's Name _____ Stepmother's Name _____

Stepfather's Address _____ Stepmother's Address _____

Stepfather's Landline # _____ Stepmother's Landline # _____

Stepfather's Cell # _____ Stepmother's Cell # _____

Stepfather's Occupation _____ Stepmother's Occupation _____

Stepfather's Place of Work _____ Stepmother's Place of Work _____

Custodial Parent _____ Student lives with _____

Bk/Sup. Fee pd. _____
Check # _____

PLEASE COMPLETE REVERSE SIDE

Office use only

Are parents alumni of St. James School? Yes Mom Dad No

Child's Church of Baptism _____ Date of Baptism _____

City/State _____

Student ethnicity White, non-Hispanic _____ Hispanic _____ Native American _____
√ ONLY ONE African American _____ Bi-racial _____ Asian _____

Language spoken at home _____

Parish at which family is registered _____ St. James Parish Envelope Number _____

Current Preschool _____

Address _____ City/State _____

Public School child would attend _____ District # _____

Means of transportation to school Walk _____ Drive _____

Do you live more than 1.5 miles from St. James School? Yes _____ No _____

Names and ages of elementary children *not* enrolled at St. James

Photo Release

On occasion, the school uses photos and/or academic work of students in local publications (e.g., website, yearbook, advertisements, bulletin articles, and other public relations material). By initialing and signing below, I give permission for the school to publish my child/ren's photo or academic work in any format including group or individual photos. _____

Initial here

Acceptable Use Agreement

I/we have read the school technology guidelines, and have discussed them with my child/ren. In consideration of the privilege of my child/ren using the school's electronic communications system and in consideration of having access to the public networks, I / we hereby release the school, its operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child/ren's use of, or inability to use, the system, including, without limitation, the types of damage identified in the **Acceptable Use Procedures (AUP)**.

I/we understand that access to the school technology resources is not a private activity and that the school will monitor student activity on any of the school resources including but not limited to the computer system, e-mail system, and other electronic devices and programs.

I/we have read the school's technology procedures and regulations and agree to abide by these provisions. Violation of these provisions may result in suspension or revocation of system access. I/we also understand that any actions taken through the school network that are in violation of the school disciplinary code will be handled in accordance with the code. Appropriate legal authorities may be contacted if there is any suspicion of illegal activity.

By signing below, I give my child(ren) permission to participate in the school's electronic communications system including the internet and certify that the information contained on this form is correct.

Parent/Guardian Signature _____

Date _____

NEW STUDENTS MUST PRESENT ORIGINAL COPIES OF BIRTH AND BAPTISMAL CERTIFICATES UPON REGISTRATION