

Returning Student Application 2019-2020



Date _____

Parent Name _____
Last Father Mother

Address _____
Street City Zip

Home Phone _____ E-mail address _____ Check here for "do not publish".

Father Cell Phone _____ Mother Cell Phone _____

Father Social Security # _____ - _____ - _____ Mother Social Security # _____ - _____ - _____

Father Business Phone _____ Mother Business Phone _____

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

STUDENT NAME

GRADE ENTERING

BIRTHDATE

1. _____
2. _____
3. _____
4. _____
5. _____

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

Language spoken at home _____

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

Public School child/ren would attend _____

Means of transportation to school Walk _____ Bus _____ Drive _____

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

Person responsible for tuition payment _____ Relationship to child _____

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

Office use only
Bk/Sup. Fee pd. _____
Check # _____

Please complete reverse side
THANK YOU FOR FILLING OUT ALL INFORMATION COMPLETELY!

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

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

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