

New Student Application 2022-23

A New Student Applicate										
Student NameLast First					Ma	ale	F	Fema	ale	
Last Firs Address	st		Middl	e						
Street			City				State			
Home Phone Number										
Child's Date of Birth	Child	l's Place	e of	Birth						
						City	State		Country	
Grade for 22-23 (Please circle) PreK	3 PreK 4	Κ	1	2	3	4	5	6	7	8
If you Selected PreK 4 Please select M/W/F Half Day M/W/F Fu		-			ıll Day					
If you Selected K Please select one of Half Day Hybrid (N	<i>f the progran</i> Л/W/F Full, Т		f)		Full	Day				
Person responsible for tuition				_Rela	ations	ship to	o child			
Father's Name	М	lother's	Naı	ne						
Father's Address										
				_						
Father's Cell #	M	other's	Cell	#						
Father's Email	M	lother's	Em	ail						
Father's Occupation										
Father's Place of Work	M	other's	Plac	ce of	Work					
Father's Business Phone	M	other's	Bus	siness	Phor	ie				
Marital Status (Circle one): Married	Dive	orced	e L	Single	e					
Please Check this box if you School Directory	do not war	nt your	con	tact i	nforı	natio	n publ	ishe	ed in th	ıe
(If applicable)										
Stepfather's Name	Ste	pmothe	r's N	Vame_						
Stepfather's Address	Step	Stepmother's Name Stepmother's Address								
Stepfather's Cell #	Ste	pmothe	r's (Cell#						
	Stepmother's Cell # Stepmother's Occupation									
Stepfather's Place of Work		pmothe								
Custodial Parent										
Custodial Parent Student lives with PLEASE COMPLETE REVERSE SIDE									e use o	
							Bk/Sı	ıp. Fe	ee pd	
	FIND A	WA	1				Chec	ĸ #		



New Student Application 2022-23 A New Student Application must be filled out for each child you are enrolling

Are parents alumni of St. James School? Yes No - Which Parent is alumn	i?
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Child's Church of Baptism City/State		Date of [Date of Baptism				
Student ethnicity √ONLY ONE	White, non-Hispanic African American	Hispanic Bi-racial	Native American Asian				
Language spoken at	t home						
Parish at which fam	ily is registered	St. Jam	es Envelope Number				
the individual needs services they need, service plan, please <u>learninglab@stjame</u> Please select the bo \Box IEP	s of all our learners. In ord we need to be made aware mark the appropriate box	er to ensure we can prov of any existing service p below and send it to our any of the following plan Accommodation/Modi	blans. If your child has a Learning Lab at s: fication Plan				
Address		City/State					
Public School child	would attend		_ District #				
Do you live more the Names and ages of	ation to school: □ Walk nan 1.5 miles from St. Jam elementary children <i>not</i> en	nrolled at St. James	No				
Photo Release On occasion, the set website, yearbook, a initialing and signin	hool uses photos and/or ac advertisements, bulletin ar ng below, I give permission ny format including group	cademic work of students ticles, and other public re n for the school to publis	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

FIND A WAY