

New Student Application 2023-24 A New Student Application must be filled out for each child you are enrolling Family Name

Date	Family Nai	me					
tudent Name		Middle		Male	Female		
Address							
Home Phone Number	Street		City Religion _		State	Zip	
Child's Date of Birth		_ Child's Plac	e of Birth				
				City	State	Country	
Grade for 22-23 (Please	circle) PreK3 I	PreK 4 K	1 2	3 4	5 6	5 7 8	
If you Selected PreK 4 M/W/F Half Day				ıll Day			
<i>If you Selected K Plea</i> Half Day	•	e programs below /F Full, T/Th Hal		Full Day			
Person responsible for tui	ion Relationship to child						
Father's Name		Mother's	s Name				
		Mother's Address					
Father's Cell #			Cell#				
Father's Email							
Father's Occupation							
Father's Place of Work							
Father's Business Phone							
Marital Status (Circle one	e): Married						
☐ Please Check this School Directory	box if you do	not want youi	· contact	informatio	on publis	hed in the	
(If applicable)							
Stepfather's Name	Stepmother's Name						
		Stepmother's Address					
Stepfather's Cell #		Stepmother's Cell #					
Stepfather's Occupation_		Stepmother's Occupation					
Stepfather's Place of Wor							
- 4.4 -							
		COMPLETE I	REVERS	E SIDE	Off	fice use only	
	_				Bk/Sup.	Fee pd	
FIND A WAY					Check #		



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Are parents alumni of St. James School? ☐ Yes ☐ No - Which Parent is alumni? Child's Church of Baptism Date of Baptism City/State White, non-Hispanic____ Hispanic___ Native American___ African American___ Bi-racial___ Asian___ Student ethnicity **√ONLY ONE** Language spoken at home_____ Parish at which family is registered_ St. James Envelope Number **Inclusive Education:** Our goal at St. James School is to provide inclusive education and support the individual needs of all our learners. In order to ensure we can provide your child with any services they need, we need to be made aware of any existing service plans. If your child has a service plan, please mark the appropriate box below and send it to our Learning Lab at learninglab@stjamesschoolah.org Please select the box below if your child has any of the following plans: \square IEP ☐ 504 Plan ☐ Accommodation/Modification Plan School last attended _____ _____ City/State_____ Address 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? \square Yes \square 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 Parent/Guardian Signature

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