

## New Student Application 2024-25 A New Student Application must be filled out for each child you are enrolling Family Name

Date	_ raililly Na	.IIIe						
Student Name		Time Middle			Male _	Female		
Address	Filst		IVIIC					
Address	Street		City Re			State		Zip
Child's Date of Birth		Child's	s Place o	of Birth				
					City	Stat	e	Country
Grade for 24-25 (Please circ	cle) PreK3	PreK 4	K 1	2	3 4	5	6	7 8
If you Selected <b>PreK3/4</b> I	Please select of	ne of the pro	ograms be	low				
M/W/F Half Day	M/W/F Full Day M/T/W/Th/F Half Day M/T/W/Th/F Full Da							Full Day
If you Selected <b>K</b> Please	select one of th	e programs	below					
Half Day	Hybrid (M/W/F Full, T/Th Half) Full Day							
Person responsible for tuitio	ion Relationship to child							
Father's Name		Mo	other's N	ame				
	Mother's Name Mother's Address							
Father's Cell #			ther's Co	- ell #				
Father's Email								
Father's Occupation								
	Mother's Occupation  Mother's Place of Work							
Father's Business Phone								
Marital Status (Circle one):								
☐ Please Check this be School Directory	ox if you do	not want	your co	ontact	informati	on pub	lishe	d in the
(If applicable)								
Stepfather's Name	Stepmother's Name							
Stepfather's Address								
Stepfather's Cell #	Stepmother's Cell #							
Stepfather's Occupation	Stepmother's Occupation							
Stepfather's Place of Work					of Work_			
Custodial Parent			ent lives					
	PLEASE (	COMPLE	TE RE	VERS	E SIDE	(	Office	use only
						Bk/S	up. Fe	e 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 <a href="mailto:secretaries@stjamesschoolah.org">secretaries@stjamesschoolah.org</a>