Returning Family Registration
2026-2027

SAINT JAMES SCHOOL
ARLINGTON HEIGHTS

Date_____

Parent Name_____
Last Father Mother

Address_____
Street City Zip

E-Mail address_____ E-mail address_____ ☐ Check here for "do not publish".

Father Cell Phone _____ Mother Cell Phone _____

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.	_____	_____	_____

If any child listed above is new to SJS, a new student registration from will need to be completed for that child.

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_____

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

_____ _____

_____ _____

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.

_____ ←

_____ _____
Parent/Guardian Signature Date

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