



SAINT JAMES SCHOOL  
ARLINGTON HEIGHTS



## New Student Application 2026-27

*A New Student Application must be filled out for each new child you are enrolling*

Date \_\_\_\_\_ Family Name \_\_\_\_\_

Student Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Street

City

State

Zip

Landline *(if applicable)* \_\_\_\_\_ Religion \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Place of Birth \_\_\_\_\_

City

State

Country

**Grade for 26-27 (Please circle)** PreK3 PreK4 K 1 2 3 4 5 6 7 8

*If you Selected PreK3 or PreK4 Please select one of the programs below:*

M/W/F Half Day

M/W/F Full Day

M/T/W/Th/F Half Day

M/T/W/Th/F Full Day

*If you Selected K Please select one of the programs below:*

Half Day

Hybrid (M/W/F Full, T/Th Half)

Full Day

Person responsible for tuition \_\_\_\_\_ Relationship to child \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_ Mother's Address \_\_\_\_\_

*(if different)*

*(if different)*

Father's Cell # \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Father's Email \_\_\_\_\_ Mother's Email \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Father's Place of Work \_\_\_\_\_ Mother's Place of Work \_\_\_\_\_

Father's Business Phone \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

Marital Status (Circle one): Married Divorced Single

☐

**Please Check this box if you do not want your contact information published in the School Directory**

*(If applicable)*

Stepfather's Name \_\_\_\_\_ Stepmother's Name \_\_\_\_\_

Stepfather's Address \_\_\_\_\_ Stepmother's Address \_\_\_\_\_

Stepfather's Cell # \_\_\_\_\_ Stepmother's Cell # \_\_\_\_\_

Stepfather's Occupation \_\_\_\_\_ Stepmother's Occupation \_\_\_\_\_

Stepfather's Place of Work \_\_\_\_\_ Stepmother's Place of Work \_\_\_\_\_

Custodial Parent \_\_\_\_\_ Student lives with \_\_\_\_\_

Bk/Sup. Fee pd. \_\_\_\_\_

Check # \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

Office use only



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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 \_\_\_\_\_

Student ethnicity      White, non-Hispanic \_\_\_\_\_      Hispanic \_\_\_\_\_      Native American \_\_\_\_\_  
**√ONLY ONE**      African American \_\_\_\_\_      Bi-racial \_\_\_\_\_      Asian \_\_\_\_\_

Language spoken at home \_\_\_\_\_

Parish at which family is registered \_\_\_\_\_ St. James Envelope Number \_\_\_\_\_

**Inclusive Education:** Please review the list below for any services or support your child has received in the past or that they are currently receiving. To ensure that St. James can provide the needed classroom support, select all areas that apply to your child. A member of our Student Services may reach out for additional information.

- ☐ IEP or private school equivalent    ☐ 504 or private school equivalent    ☐ Early Intervention  
☐ English as a Second Language    ☐ Occupational Therapy    ☐ Physical Therapy  
☐ Speech and Language Therapy    ☐ Social work or counseling services  
☐ Gifted services    ☐ Other therapeutic services

List previous schools attended \_\_\_\_\_  
\_\_\_\_\_

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? ☐ Yes ☐ 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

\_\_\_\_\_  
Date

**Illinois law requires new students to submit an original or a copy of their birth certificate. If baptized in the Catholic Church, we require a baptismal certificate. Please drop off copies of the documents to the school office or email them to [secretaries@stjameschoolah.org](mailto:secretaries@stjameschoolah.org)**