



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) _____

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 # _____

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Office use only



SAINT JAMES SCHOOL

ARLINGTON HEIGHTS



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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 _____
ONLY ONE White, non-Hispanic _____ Hispanic _____ Native American _____
African American _____ Bi-racial _____ Asian _____

Language spoken at home _____

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@stiamesschoolah.org.