

REGISTRATION FORM ST. JAMES SCHOOL

SEX
M F

Student's Name _____
FIRST
MIDDLE
LAST

Address _____
(STREET AND/OR PO BOX)

_____ (VILLAGE AND ZIP CODE) PHONE

Birth date: Month _____ Day _____ Year _____ Age _____

Date/Place of Baptism _____

(Specify Church Name and Address) _____

Date Entering SJS _____ Grade _____

School Last Attended _____

(Complete Address if Out of District) _____

Father's Name _____ Occupation _____

Address _____ Work # _____

Religion _____ Parish _____

Mother's Name _____ Occupation _____

Address _____ Work # _____

Religion _____ Parish _____

Is this Student Hispanic/Latino? Yes or No what is the student's race? _____

Are Parents ALUMNI of St. James School? Yes or No

<u>BROTHERS AND SISTERS</u>	<u>GRADE</u>	<u>SCHOOL</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If there is anything special that we should be aware of (i.e. – parent that has legal custody of child, divorce or separation, allergies, special needs, please explain):

IDENTIFICATION AND EMERGENCY INFORMATION

Name of Child _____ Date of Birth _____

 Last First
Address _____ Zip _____

Phone _____

Mother or guardian: _____

Employment _____ Phone _____ Hours _____

Father or guardian: _____

Employment _____ Phone _____ Hours _____

Persons authorized to pick up child:

(Under no circumstances will child be released to anyone not known to the school without authorization from parents or guardian).

Persons to be called in case of emergency

(Be sure to include someone who will usually know your whereabouts)

Name _____ Relationship to Child _____

Address _____

Phone _____

Name _____ Relationship to Child _____

Address _____

Phone _____

Child’s Physician: _____ Phone _____

Emergency Hospital Preference: _____

**PRE-SCHOOL/PRE-K REGISTRATION FORM
ST. JAMES SCHOOL**

SEX
M F

Student's Name _____
FIRST MIDDLE LAST

Address _____
(STREET AND/OR PO BOX)

_____ PHONE
(VILLAGE AND ZIP CODE)

Birth date: Month _____ Day _____ Year _____ Age _____

Date/Place of Baptism _____

(Specify Church Name and Address) _____

Date Entering SJS _____ Grade _____

School Last Attended _____

(Complete Address if Out of District) _____

Father's Name _____ Occupation _____

Address _____ Work # _____

Religion _____ Parish _____

Mother's Name _____ Occupation _____

Address _____ Work # _____

Religion _____ Parish _____

Is this Student Hispanic/Latino? Yes or No what is the student's race? _____

Are Parents ALUMNI of St. James School? Yes or No

I intend to register my child for Kindergarten at St. James School: ____Yes ____No ____Unsure

BROTHERS AND SISTERS

GRADE

SCHOOL

If there is anything special that we should be aware of (i.e. – parent that has legal custody of child, divorce or separation, allergies, special needs, please explain):

