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

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):

_____

_____

_____

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)

_____ _____
(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

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):

_____

_____

_____