



Date: _____

Check #: _____

Application for Admission

Name of Applicant: _____
Last First Middle Preferred

Gender: Male Female Date of Birth: _____ Current School: _____

Home Address: _____
Number and Street City State Zip

Grade Applying For: _____ School Year Applying For: _____

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> PK2 5 Day School Day | <input type="checkbox"/> PK3 5 Day School Day | <input type="checkbox"/> K5 Day School Day | <input type="checkbox"/> Second Grade School Day |
| <input type="checkbox"/> PK2 5 Day Full Day | <input type="checkbox"/> PK3 5 Day Full Day | <input type="checkbox"/> K5 Day Full Day | <input type="checkbox"/> Second Grade Full Day |
| | <input type="checkbox"/> PK4 5 Day School Day | <input type="checkbox"/> First Grade School Day | |
| | <input type="checkbox"/> PK4 5 Day Full Day | <input type="checkbox"/> First Grade Full Day | |

Parent/Guardian #1: Dr. Mr. Mrs. Ms.

Name: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Do you wish to receive school updates at this email? Yes No

Occupation: _____

Employer: _____

Applicant lives with: _____

Financial Responsibility for applicant assumed by: _____

Do you wish to have your email address, mailing address, phone number printed in the school directory? _____

Applicant's Brothers and Sisters:

Name	Age	School Attending	Grade	Relationship

How did you learn about us? _____

Is either parent a member of St. James? Yes No Religious Preference/Church Membership: _____

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature: _____

Printed Name & Date: _____

Printed Name & Date: _____