



REGISTRATION FOR ADMISSION 2019 - 2020 SCHOOL YEAR

OFFICE USE ONLY

Birth Certificate* Immunization Request for Records Soc.Sec.Card Report Card(s)
Bapt. Certificate EED Cert. Parish Participation Reg. Fee Standardized Tests

*NOTE: Child Must Be 4 yrs. by Sept. 1st to enter PRE-K; 5 yrs. by Sept. 1st to enter Kindergarten OR 6 yrs. by Sept. 1st to enter 1st GRADE.

**REGISTRATION FEE IS NON-REFUNDABLE

DATE: ___/___/___

Grade for '19 - '20 School Year (please circle) PRE-K K 1 2 3 4 5 6 7 8

FINAL ACCEPTANCE WILL BE BASED ON THE FOLLOWING:

- 1. Review of REPORT CARD and STANDARDIZED TEST SCORES.
2. Completion of INTERVIEW and WRITTEN Placement TEST.
3. Satisfactory PROBATION Period of one quarter

****PLEASE PRINT CLEARLY AND FILL OUT BOTH FRONT & BACK OF THIS FORM

Student's Name: (Last) (First) (Middle) (Name preferred)

Home Address: Home Phone:

City: State: Zip:

Father Cell No.: Mother Cell No.:

Date of Birth: Sex: S/S #: Race: (month/day/year) (box code only)

VALID RACE CODES
American Indian/Native Alaskan = AI
Asian = A Black = B
Hispanic = H White = W
Native Hawaiian/Pacific Islander= PI
Multi Racial =MR

Religion: Parish Affiliation: Offertory Envelope No.:

Father's Name: Employer/Occupation:

Father Email: Work Phone: Religion: SJS Grad? Y N

Mother's Name: Maiden Name: Mother Email:

Employer/Occupation: Work Phone: Religion:

Mother SJS Grad? Y N Marital Status (circle one): Married Single Divorced Widowed

Parent to be responsible for the FACTS acct.? (for tuition/lunches/fees withdrawals)

IF DIVORCED, A CUSTODY SECTION OF THE DIVORCE DECREE IS REQUIRED

WITH WHOM DOES CHILD LIVE? Parent/Guardian Name:

Stepparent Name (if applicable):

Also if applicable, Other Parent/Stepparent Names:

Address:

City: State: Zip:



SAINT JAMES
CATHOLIC SCHOOL

If **Catholic**, please answer the following questions about the student (copies of sacrament information are required).

Baptism: ____/____/____
(Date) (Parish) (City & State)

First Communion: ____/____/____
(Date) (Parish) (City & State)

Confirmation: ____/____/____
(Date) (Parish) (City & State)

Last School Attended: _____

Georgia Public School you would be assigned: _____

Please check to indicate your reasons for enrolling your child/ren at our school:

- ____ Catholic Religious Education ____ Academic Programs ____ Faculty
- ____ Tuition ____ Athletic Program ____ Discipline
- ____ Racial Mix ____ Caring Sense of Community Concern

Other: _____

IF CHILD ATTENDED PUBLIC SCHOOL, DID HE/SHE ATTEND CCD CLASSES? ____ YES ____ NO

(FOR ALL STUDENTS)

Has this student ever been enrolled in Special Education Programs? ____ YES ____ NO

Describe the program: _____

List name and grade of other children enrolled in our school: _____

AUTHORIZED PERSONS TO PICK CHILD UP:

Name

Relationship to Child

IS THERE ANYONE THAT YOU DO NOT WISH TO HAVE YOUR CHILD RELEASED TO?

IF SO, WHOM? _____

****IF THIS IS DUE TO A DIVORCE/CUSTODY/LEGAL SITUATION ~ WE MUST HAVE A COPY OF THE SIGNED COURT ORDER IN THE STUDENT'S PERMANENT RECORD FILE.**

Maternal Grandparents: _____
(name) (address)

Paternal Grandparents: _____
(name) (address)

I hereby make application and request that my child attend St. James School. If accepted, I will cooperate with the spirit and regulations of the school. In signing this application, I am giving the school assurance that I understand and will abide by these requirements.

Parent Signature: _____ **Date:** ____/____/____