



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:** ____/____/____