

PLEASE PRINT THE FOLLOWING INFORMATION

NAME OF STUDENT _____
First Middle Last

STUDENT ADDRESS _____
City/Town State Zip Code

HOME TELEPHONE_(____)_____ EMAIL ADDRESS _____

FATHER'S CELL PHONE_(____)_____ MOTHER'S CELL PHONE_(____)_____

FATHER'S WORK PHONE_(____)_____ MOTHER'S WORK PHONE_(____)_____

FATHER _____ LIVING
First Middle Last DECEASED

FATHER'S PLACE OF BIRTH _____

FATHER'S RELIGION _____

FATHER'S OCCUPATION _____

FATHER'S EMPLOYER _____

MOTHER _____ LIVING
First Last (Maiden Name) DECEASED

MOTHER'S PLACE OF BIRTH _____

MOTHER'S RELIGION _____

MOTHER'S OCCUPATION _____

MOTHER'S EMPLOYER _____

LANGUAGE SPOKEN AT HOME _____

MARITAL STATUS _____

IS STUDENT A (PLEASE CHECK ONE):

SIBLING _____ PARISHIONER _____ NON-PARISHIONER _____

SCHOOL HISTORY:

Name of Present School _____

Street Address of School _____

City/Town/Zip Code of School _____

DATE _____ APPLYING FOR GRADE _____

STUDENT RESIDENT OF
PUBLIC SCHOOL DISTRICT _____

DATE OF BIRTH _____ YES-VERIFIED

MALE _____ FEMALE _____ SOC. SEC. NO. _____

PLACE OF BIRTH _____

CITIZEN OF _____

STUDENT'S RELIGION _____

STUDENT'S ETHNIC BACKGROUND _____

FAMILY - REGISTERED PARISHIONERS OF:

Name of Church

Street Address

City/Town State Zip Code

SACRAMENTAL HISTORY:

BAPTISM-Name of Church Date of Baptism

Street Address

City/Town State Zip Code

FIRST PENANCE-Name of Church Date of 1st Penance

Street Address

City/Town State Zip Code

FIRST EUCHARIST-Name of Church Date of 1st Eucharist

Street Address

City/Town State Zip Code

OVER PLEASE . . .

GRADES 1 THROUGH 8 APPLICATION - PAGE TWO

Dear Parent(s):

In the following space available, briefly state your reason(s) for sending your child to St. James School:

What can you tell us about your child (strengths and weaknesses):

Tell us about your faith commitment with regard to mass attendance and parish involvement:

Parent Signature