

SAINT JAMES SCHOOL

BASKING RIDGE, NEW JERSEY

EARLY CHILDHOOD APPLICATION – THREE-YEAR OLD

Date of Application _____

Name of Student _____ Sex: M F
First Middle Last

Student's Address _____
Street City/Town State Zip Code

Family e-mail address _____

Home Telephone ____ (____) _____ Social Security No. _____

Date of Birth _____ Place of Birth _____

Date of Baptism _____ Baptized at _____
Name of Church

Church Street Address _____ City/Town _____ State _____ Zip Code _____

Color/Ethnic background of student (Please circle): Caucasian Black Hispanic Asian Multi-Racial

Student is a (please check one): Sibling _____ Parishioner _____ *Non-Parishioner _____

*Non-Parishioner's Parish _____
Name of Church

Church Street Address _____ City/Town _____ State _____ Zip Code _____

Father's Name _____ Living _____ Deceased _____
First Middle Last

Father's Place of Birth _____ Father's Religion _____

Father's Occupation _____ Father's Employer _____

Father's Work Phone ____ (____) _____ Father's Cell Phone ____ (____) _____

Mother's Name _____ Living _____ Deceased _____
First Middle Mother's Maiden Name

Mother's Place of Birth _____ Mother's Religion _____

Mother's Occupation _____ Mother's Employer _____

Mother's Work Phone ____ (____) _____ Mother's Cell Phone ____ (____) _____

Marital Status: Married _____ Divorced _____ Separated _____ Single _____

Please indicate below your 1st, 2nd, & 3rd CHOICES BY NUMBER:

Tuesday/Thursday: _____ 9:00 to 11:30 A.M.

Monday/Wednesday/Friday: _____ 9:00 to 11:30 A.M.

Monday through Friday: _____ 9:00 to 11:30 A.M.

We will do everything possible to fulfill your request.

OVER...

EMERGENCY INFORMATION (Please list three contacts who live nearby.)

Name	Relationship	Phone Number

BROTHERS/SISTERS:

Name	Age	School	Grade

Language spoken at home other than English _____

Language spoken by student other than English _____

Has this student been evaluated by a Child Study Team of a local school district and/or private agency? _____

If yes, name of institution performing evaluation _____

Telephone Number: __ (____) _____

Has this student had any psychological and/or neurological testing? _____

If yes, person or agency responsible for the testing _____

Telephone Number: __ (____) _____

St. James School admits students of any color or ethnic origin. Filing this application should not be deemed acceptance to St. James School. An application will not be considered complete until all the necessary paper work has been submitted which includes copies of birth certificate, baptismal certificate, immunization record and wallet-size photo.

It is the policy of the Diocese of Metuchen that no child shall be admitted to a school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A. 26:1A-9. Proper immunization is a condition of admission to the school.

Parent Signature

Date