

**SAINT JAMES SCHOOL EARLY CHILDHOOD APPLICATION – FOUR-YEAR OLD**  
**BASKING RIDGE, NEW JERSEY**

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 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> CHOICES BY NUMBER:**  
**We will do everything possible to fulfill your request.**

Monday/Wednesday/Friday: \_\_\_\_\_ 9:00 to 11:30 A.M. Monday/Wednesday/Friday: \_\_\_\_\_ 12:30 to 3:00 P.M.

Monday through Friday: \_\_\_\_\_ 9:00 to 11:30 A.M. Monday through Friday \_\_\_\_\_ 12:30 to 3:00 P.M.

Monday through Friday: \_\_\_\_\_ 9:00 A.M. to 3:00 P.M.

**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