

Saint James School

Office Use Only – Date Rec'd _____

Application Form

Clear Form

Student Name:

Last

First

Middle

Male

Female

Address:

Street

Town

State

Zip Code

Telephone: _____

Email: _____

Date of Birth:

____ / ____ / ____

Month

Day

Year

Place of Birth:

Town

State or Country

Grade Entering: _____

If Entering Kindergarten:

Half Day

Whole Day

If Entering Pre-K:

Age

Days

Time

Age Requirement

3 year olds

Mon/Wed/Fri

8:00AM-11:00AM

3 years old by Dec 31

4 year olds

Mon/Wed/Fri

11:00AM-2:00AM

4 years old by Dec 31

4 and 5 year olds

Mon – Fri AM Only

8:00AM-11:00AM

4 years old by Dec 31

4 and 5 year olds

Mon – Fri Full Day

8:00AM-2:00PM

4 years old by Dec 31

Race and Ethnicity

Race (check all that apply): White Black Asian Native American Pacific Islander

Is the applicant of Hispanic or Latino ethnicity? Yes No

Father:

Last Name

First Name

Occupation

Home Phone

Work Phone

CellPhone

Mother:

Last Name

First Name

Maiden Name

Occupation

Home Phone

Work Phone

Cell Phone

Parents' Marital Status: Married Single Widowed Separated Divorced

(Please complete full application)

Child lives with: Both Parents Mother Father Other (please fill out next section)

If child lives with someone other than parents, please provide the following information:

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Occupation</i>
_____	_____	_____
<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>

Schools Previously Attended

<u>Grade Level</u> (Incl. Pre-K/K)	<u>Name of School</u>	<u>City</u>	<u>State/Country</u>	<u>Date Entered</u>	<u>Date Withdrawn</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Religious Information

Religion of Student: _____

Religion of Father: _____ Religion of Mother: _____

Catholic Parish: _____ Town: _____ Length Attended: _____ & _____
Years Months

Baptism Date*: _____ / _____ / _____
MM DD YY Church: _____ Town: _____ State: _____

1st Confession: _____ / _____ / _____
MM DD YY Church: _____ Town: _____ State: _____

1st Communion: _____ / _____ / _____
MM DD YY Church: _____ Town: _____ State: _____

Verification: _____
(for school use only) *Baptism 1st Confession 1st Communion*

***If your child was baptized, you must submit a copy of their Baptismal Certificate. Thank you.**

If you attend a non-Catholic church, please specify which church below:

Church: _____ Town: _____

Alternate Emergency Contact

Please provide the name and phone number(s) of someone, other than a parent or guardian, the school can contact in case of an emergency.

_____	_____	_____	_____
<i>Name</i>	<i>Home Phone</i>	<i>Work Phone</i>	<i>Cell Phone</i>

K-8 Only - Transportation to and from school

****Bus is available to Manchester residents only****

To school: Parent Bus From school: Parent Bus