



# SAINT JAMES SCHOOL Application Form

Office Use Only – Date Rec'd \_\_\_\_\_

Name: \_\_\_\_\_ Male   
*Last First Middle*

Female

Address: \_\_\_\_\_  
*Street Town State Zip Code*

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
*Month Day Year Town State or Country*

School Year: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

If entering Kindergarten, please check the appropriate program:  Half Day  Whole Day

If entering Pre-K, please check the appropriate class:

<u>Age</u>	<u>Days</u>	<u>Time</u>	<u>Age Requirement</u>
<input type="checkbox"/> 3-year-old class	Mon/Wed/Fri	8:00 AM - 11:00 AM	3 years old by Dec 31
<input type="checkbox"/> 3-year-old class	Mon – Fri, Full Day	8:00 AM - 2:00 PM	3 years old by Dec 31
<input type="checkbox"/> 4- & 5-year-old class	Mon – Fri, AM Only	8:00 AM - 11:00AM	4 years old by Dec 31
<input type="checkbox"/> 4- & 5-year-old class	Mon – Fri, Full Day	8:00 AM - 2:00 PM	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 Cell Phone*

Mother: \_\_\_\_\_  
*Last Name First Name Maiden Name Occupation*

\_\_\_\_\_ *Home Phone Work Phone Cell Phone*

Parents' Marital Status:  Married  Single  Widowed  Separated  Divorced

### (Please complete both sides of application)

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

Saint James School • 73 Park Street • Manchester, CT 06040 • 860-643-5088

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Date Withdrawn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: \_\_\_\_\_

Parish: \_\_\_\_\_ Town: \_\_\_\_\_ Length Attended: \_\_\_\_\_ & \_\_\_\_\_  
*Years Months*

Baptism Date\*: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YY Church Town State*

1<sup>st</sup> Confession: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YY Church Town State*

1<sup>st</sup> Communion: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*MM DD YY Church Town State*

Verification: \_\_\_\_\_  
(for school use only) *Baptism 1<sup>st</sup> Confession 1<sup>st</sup> 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