



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:

<input type="checkbox"/>	<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Date Withdrawn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

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