



Office Use Only – Date Rec'd _____

SAINT JAMES SCHOOL

Application Form

Student Name: _____ Male ☐
*Last First Middle*Female ☐Address: _____
Street Town State Zip Code

Telephone: _____ Family 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 - 12:00 PM	3 years old by Sept 1
<input type="checkbox"/> 3-year-old class	Mon – Fri, Full Day	8:00 AM - 2:00 PM	3 years old by Sept 1
<input type="checkbox"/> 4- & 5-year-old class	Mon – Fri, AM Only	8:00 AM - 12:00 PM	4 years old by Sept 1
<input type="checkbox"/> 4- & 5-year-old class	Mon – Fri, Full Day	8:00 AM - 2:00 PM	4 years old by Sept 1

Race and Ethnicity

Race (check all that apply): ☐ White ☐ Black ☐ Asian ☐ Native American ☐ Pacific IslanderIs the applicant of Hispanic or Latino ethnicity? ☐ Yes ☐ NoFather: _____
*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 list any siblings of the applicant and their current age: _____

(Please complete both sides of application)

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

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Date Withdrawn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: _____

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*

***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: _____

Are any members of your family graduates of Saint James School? ☐ Yes ☐ No

If yes, please list them here: _____

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