

APPLICATION FOR ADMISSION

**Grade Applying For
(PreK-8):**

Grade: _____
If Preschool please
circle option below:
4-year AM/5 day
4-year AM w/
Aftercare
4-year PM/5 day
4-year PM 3 day
3-year PM/2 day
3-year PM/3 day

CHILD'S NAME _____ SOCIAL SECURITY NUMBER _____

FAMILY NAME: _____
(The parent/guardian name to be used for all official purposes)

STREET ADDRESS: _____

CITY : _____ ZIP CODE: _____

HOME TELEPHONE: _____ EMERGENCY TELEPHONE: _____

E-MAIL (UP TO 3 PER FAMILY) _____ (1 required)

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

CHILD'S AGE: _____ CHILD'S RELIGION: _____

BAPTISMAL RECORD: _____ / _____ / _____
(Date Sacrament Received) (Name of Church) (City & State of Church)

FIRST COMMUNION RECORD: _____ / _____ / _____
(Date Sacrament Received) (Name of Church) (City & State of Church)

RECONCILIATION RECORD: _____ / _____ / _____
(Date Sacrament Received) (Name of Church) (City & State of Church)

FATHER: _____ SOC. SEC. NUMBER: _____ - _____ - _____
(First name & last name)

ADDRESS: _____ OCCUPATION: _____

EMPLOYER NAME: _____ JOB TITLE: _____

MOTHER: _____ SOC. SEC. NUMBER: _____ - _____ - _____
(first name & maiden name & last name)

ADDRESS: _____ OCCUPATION: _____

EMPLOYER NAME: _____ JOB TITLE: _____

RELIGION OF MOTHER: _____ RELIGION OF FATHER: _____

CHURCH OF MARRIAGE: _____ CITY/STATE: _____

MARITAL STATUS: married widowed separated divorced single ARE THERE CUSTODIAL RESTRICTIONS? YES
 NO

GUARDIAN (IF APPLICABLE): _____

ADDRESS: _____

NAME OF PRIOR SCHOOL OR PRE-SCHOOL ATTENDED & TOWN: _____

I HEREBY GIVE ST. JAMES CONSENT TO CONTACT MY CHILD'S CURRENT SCHOOL OR PRESCHOOL? _____ (initial here)

TRANSFER INFORMATION: _____ CURRENT GRADE: _____
(Transfer school's name/address)

NAME OF HOME PARISH: _____ ENVELOPE NUMBER: _____

INDICATE ALL SIBLINGS BY NAME BELOW: _____ DATE OF BIRTH _____

BUS SERVICE: Grades K-8 (Preschool is not eligible for service. You must be a Stratford Resident & living more than 1.5 miles from school to be eligible for bus service.

DO YOU REQUIRE BUS SERVICE? NO YES - If yes, you need morning service only afternoon only or both

THE FOLLOWING INFORMATION IS NEEDED FOR FEDERALLY FUNDED PROGRAMS:

Local public school child(ren) would attend if not at St. James: _____

When at home, child speaks (check one):

English Only Mostly English and some of another language Some English, but mostly another language English and another language equally Primarily another language _____ (list language)

Ethnic background (check appropriate space):

American Indian/Native Alaskan Asian Black Caucasian Hispanic
 Native Hawaiian/Pacific Islander Multi-Racial Other (specify) _____

PLEASE SELECT ONE OF THE TUITION PAYMENT PLANS LISTED BELOW BY CHECKING THE BOX NEXT TO YOUR CHOICE:

- PLAN 1** Full year payment due July 1, 2009
- PLAN 2** Ten payment plan through the FACTS payment program. This option has an annual enrollment fee of \$38. Monthly tuition is deducted directly from your checking or savings.
- PLAN 3** Four payments due July 1, 2009, October 1, 2009, January 1, 2010 and April 1, 2010.

PLEASE SEND ME AN APPLICATION FOR TUITION ASSISTANCE: I understand that by checking this box, St. James will provide me with an application when they are available. Private School Aid (PSA) will review all applications and provide recommendations as to assistance eligibility. I further understand that there is a processing fee which I must submit directly to PSA together with my application. If you check this box, you must also select a payment plan above.

I understand that in signing this Enrollment Contract for the upcoming academic year I am agreeing to accept the rules and regulations of the school as stated in the tuition policy and the rules concerning payment of fees as referred to in the policy. Furthermore, I do agree to the policy of the school, which states that no student exams will be scored, no grades or transcripts will be released and the student(s) will not be allowed to take part in graduation (K&8), unless my account has been paid in full. I also agree to pay any late fees due on my account if the payment is late according to the tuition policy (after the 10th of the month in which the payment is due.) I also agree that if I withdraw my child(ren), tuition is refundable as per the terms set forth in the Tuition and Financial Aid Policy.

In order to reserve a place for your child, this Enrollment Contract and your Reservation Deposit must be in our possession. It shall be interpreted in accordance with the laws of the State of Connecticut.

Parents or guardians must sign this Enrollment Contract.

SIGNATURE OF PARENTS OR GUARDIAN FINANCIALLY RESPONSIBLE FOR STUDENT

DATE

FOR OFFICE USE ONLY:

Date Received: _____ Fee Received: \$ _____

Paid By:		Received:	
Cash/Receipt	#		Birth Certificate (all grades)
Personal Check	#		Baptismal Certificate (all grades)
Check/Money Order	#		Other Sacraments (grades 2&up)
			Release of Records (grades 2&up)
			Student Profile Form (grades 2&up)

