



2022-2023 Enrollment Application

50 Harvey Place * Stratford, CT 06615 * (203) 375-5994

www.stjamesstratford.org

Thank you for choosing Catholic Education!

Grade Entering:

- PreK-3yr 4th
- PreK-4yr 5th
- Kndrgrtn 6th
- 1st 7th
- 2nd 8th
- 3rd

STUDENT/FAMILY INFORMATION

Student Name: _____ **Age:** _____
(LAST) (FIRST) (M.I.)

Address: _____
(STREET) (CITY) (STATE) (ZIP)

Phone: _____ **Date of Birth:** ____/____/____

Social Security Number: ____/____/____ **Gender:** M F **U.S. Citizen:** Yes No

Religion: Catholic Non-Catholic **Birthplace:** _____
(CITY) (STATE) (COUNTRY)

If Catholic, is child baptized? Yes No

If yes: **Date of Baptism:** ____/____/____ **Parish/Location Where Baptized:** _____
(CITY) (STATE)

Name of Current Parish: _____

Race: American Indian/Native Alaskan Native Hawaiian/Pacific Islander **Ethnicity (select one):**
 Asian White Hispanic or Latino
 Black Two or more Races Non-Hispanic

Father/Guardian:

Name: _____
(TITLE) (FIRST) (LAST)

Address: _____
(STREET) (CITY) (ZIP)

Phone: _____
(HOME) (CELL)

Email: _____

Relationship to Student: _____

Place of Employment: _____

Occupation: _____

Religion: Catholic Non-Catholic

Marital Status: _____

If divorced, please provide the divorce decree.

Is there joint custody? Yes No

If no, are visitation rights permitted to non-custodial parent? Yes No

If no, copies of all custodial judgements/agreements must be provided to the school.

Student lives with: (select all that apply) Mother Father Grandparent Guardian Other _____

PLEASE LIST ALL STUDENT'S SIBLINGS: (If additional space is needed, please list on back)

(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

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MEDIA RELEASE:

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website. (select one) Yes No

SHARE INFORMATION:

I grant permission to use my family contact information to be shared with other parents for school-related purpose, not for public use. (select one) Yes No

SPECIAL SERVICES*:

Does your child have an IEP or 504 Plan? Yes No

Have you ever been invited to attend a PPT meeting for your child? Yes No

For student entering Pre-K or K: Has your child received services through Birth to 3? Yes No

**This information is necessary for teachers to plan for your child’s success. A copy of your child’s plan must be submitted.*

Home Language Survey:

When your child began to speak, what language did he/she speak? _____

What language do the parents/guardians speak to each other? _____

What language is spoken most often at home? _____

MEDICAL:

Student’s Pediatrician: _____
(NAME) (PHONE)

Student’s Dentist: _____
(NAME) (PHONE)

Hospital Preference: _____
(NAME) (PHONE)

Does the student have allergies; severe health issues and/or is taking medications? Yes No

If yes, please explain fully _____

SCHOOLS PREVIOUSLY ATTENDED (if applicable):

(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

EMERGENCY CONTACTS: (Non-Parent or Non-Guardian)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

(NAME) (DAYTIME PHONE) (RELATIONSHIP)

TRANSPORTATION:

Bus Transportation Requested (Available for Stratford residents in grades K-8 only): Yes No

If Yes, select one: Morning Only Afternoon Only Both

Which public school would your child attend if not St. James? _____
(SCHOOL NAME) (CITY)

SIGNATURES:

I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the school handbook including the tuition policy.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

*Accredited by the New England Association of Schools and Colleges
Our Catholic school admits students without regard to race, creed or color.*