



**180 Orchard Street  
 New Bedford, MA 02740  
 (508)996-0534 /FAX (508)717-6969  
[www.sjsjschool.com](http://www.sjsjschool.com)**

**ENROLLMENT APPLICATION**

School Year 20 \_\_\_\_\_  
 Grade \_\_\_\_\_

**Application for Admission**

STUDENT INFORMATION

Name of Child \_\_\_\_\_ Phone \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace (City and State) \_\_\_\_\_

Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_  
 City and State \_\_\_\_\_

Previous School Attended \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
 (City/State/Zip Code)

SCHOOL DISTRICT RESIDING IN \_\_\_\_\_

Catholic Parish or Church of Affiliation \_\_\_\_\_

Ethnic Origin: American Indian( ) African American or Black( ) Asian ( ) Hispanic( )  
 Latino( ) Caucasian( ) Native Hawaiian or Other Pacific Islander ( )  
 Other( ) \_\_\_\_\_

Check Living Arrangement: Living with Mother/Father( ) Living with Mother only( )  
 Living with Father only( ) Living with Grandparents( ) Living with Mother/Stepfather( )  
 Living with Father/Stepmother( ) Living with Foster Parents( )  
 Living with other Relative or Guardian( ): please specify \_\_\_\_\_

Other Children in Household: Birthdate	Boy	Girl	School & Grade
_____			
_____			
_____			

PARENTS– Please give the reasons why you wish to enroll your child at this school:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If any member of your family ever attended school here, please give the following information:  
 Name of Relative \_\_\_\_\_ Relationship \_\_\_\_\_  
 Years of Attendance \_\_\_\_\_ Year of Graduation \_\_\_\_\_

**(PLEASE COMPLETE THE ENTIRE FORM - 2 PAGES)**

**PARENTAL INFORMATION**

**FATHER:**

Name \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish/Church \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone# \_\_\_\_\_  
Home Phone# \_\_\_\_\_

**MOTHER:**

Name \_\_\_\_\_  
Maiden Name \_\_\_\_\_  
Religion \_\_\_\_\_  
Parish/Church \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone# \_\_\_\_\_  
Home Phone# \_\_\_\_\_

**ADDITIONAL CONDITIONS FOR ADMISSION:**

1. To be eligible for PreKindergarten, child must be four years old by August 31<sup>st</sup>.
2. To be eligible for Kindergarten, child must be five by August 31<sup>st</sup>.
3. Parents must cooperate with administration in educating the child and must agree to help with fundraising and other school activities.
4. Students must have current immunization records and must have had a health exam within the last year.

**PLEASE ATTACH COPIES OF THE FOLLOWING WITH THIS APPLICATION FORM:**

(Registration is complete when all the forms listed below have been submitted.)

1. Latest report card (if available)
2. Baptismal Certificate (photo copy o.k.)
3. Current Immunization Record
- 4. Application fee of \$50.00 attached (this is a NON-REFUNDABLE fee)**

The Financial Agreement is available in 2 options:

**Option 1**      Payment in Full, Single payment due on or before August 1. This option entitles the responsible party to a \$25.00 discount\*. Payable directly to St. James St. John School.

**Option 2**      10 Monthly Payments beginning August 2009 through FACTS.  
Automatic bank payments (ACH) through your checking or savings account may be made on either the 5<sup>th</sup> or 20<sup>th</sup> or each month. \$38 annual FACTS Enrollment Fee.

My signature indicates that all the information contained in this application is factually correct and honestly presented.

\_\_\_\_\_  
FATHER'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S SIGNATURE

\_\_\_\_\_  
DATE

St. James-St. John School does not discriminate on the basis of race, color, national, or ethnic origin, age, sex, or religion as required by Title IX of the Educational Amendments of 1972 and other federal legislation