



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

ENROLLMENT APPLICATION

School Year _____

Grade -----

Application for Admission

STUDENT INFORMATION

Name of Child _____ Phone _____

Address _____
Last First Middle City Zip Code Birthdate

Email _____ Birthplace (City and State) _____

Baptismal Date _____ Church _____

Previous School Attended _____

Address _____
(City/State/Zip Code) Phone _____

SCHOOL DISTRICT RESIDING IN _____

Catholic Parish or Church of Affiliation _____

Is child currently on IEP or 504 Plan? _____ if so please provide copy

Ethnic Origin:

American Indian	Hispanic	Native Hawaiian or Other
African American or Black	Latino	Pacific Islander
Asian	Caucasian	Other _____

Student lives with:

Mother/Father	Grandparents	Living with other Relative or
Mother only	Mother/Stepfather	Guardian please specify
Father only	Father/Stepmother	_____
	Foster Parents	

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 PAGES 2 & 3)
PARENTAL INFORMATION

FATHER:

Name _____
Religion _____
Parish/Church _____
Occupation _____
Employer _____
Business Address _____
Business Phone# _____
Home Phone# _____
Email _____

MOTHER:

Name _____
Maiden Name _____
Religion _____
Parish/Church _____
Occupation _____
Employer _____
Business Address _____
Business Phone# _____
Home Phone# _____
Email _____

ADDITIONAL CONDITIONS FOR ADMISSION:

1. To be eligible for PreKindergarten 3, child must be three years old by August 31st.
2. To be eligible for PreKindergarten 4, child must be four years old by August 31st.
3. To be eligible for Kindergarten, child must be five by August 31st.
4. Parents must cooperate with administration in educating the child and must agree to help with fundraising and other school activities.
5. 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 applicable)
2. Birth Certificate (photo copy o.k.)
3. Current Immunization Record
4. IEP or 504 plan if applicable
5. Signed student contract (grades 4-8)
6. Signed Anti-Bullying Pledge (all grades)
7. **Application fee of \$150.00 attached (this is a NON-REFUNDABLE fee)**

Upon receipt of all applicable forms all information will be reviewed and a decision regarding acceptance will be made, and parents will be notified.

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

St James St John School

Financial Agreement

Please circle option

- Option 1** Payment in Full, Single payment due on or before August 1 payable directly to St. James St. John School. This option entitles the responsible party to a \$50.00 discount.
- Option 2** 10 Monthly Payments beginning August 2021 through FACTS.
Automatic bank payments (ACH) through your checking or savings account
\$50 annual FACTS Enrollment Fee.
- Option 3** I need to make other arrangements and will discuss this with Mrs. Brady the Business Manager.

Responsible Party's Signature

Date