



**ENROLLMENT APPLICATION**

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

Grade \_\_\_\_\_

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

**Application for Admission**

STUDENT INFORMATION

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

Address \_\_\_\_\_  
Last First Middle City Zip Code Birthdate

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

Gender: M F 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(Please Circle):**

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

**Student lives with (Please Circle):**

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

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 \_\_\_\_\_

**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 PK 3, child must be three years old by August 31<sup>st</sup>.
2. To be eligible for PK 4, child must be four years old by August 31<sup>st</sup>.
3. To be eligible for Kindergarten, child must be five by August 31<sup>st</sup>.
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 (must be up to date and presented before student begins)
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)**

The Financial Agreement is available in 2 options:

**Option 1**      Payment in Full, Single payment due on or before August 1.

**Option 2**      10 Monthly Payments beginning August 2022 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. \$50 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

# 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 2022 through FACTS. Automatic bank payments (ACH) through your checking or savings account \$50 annual FACTS Enrollment Fee.

---

Responsible Party

---

Signature Date