

St. James Academy

623 South Nardo Ave. ♦ Solana Beach, CA 92075

858 / 755-1777 ♦ fax 858 / 755-3124

website: www.saintjamesacademy.com

STUDENT APPLICATION

2010-2011 ONLY

Applicants for **Kindergarten** must be **5 years old by Sept.1, 2010**. Kindergarten applicants **must** attach proof of age to **this** application.

Grade in which child will enroll _____

Sibling application: K - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8

Date _____

Child's Full Name _____
LAST FIRST MIDDLE

Sex M F Place of Birth _____ Date of Birth _____

Address _____
STREET CITY STATE ZIP

Contact telephone _____ Email address: _____
AREA CODE PHONE #

U.S. Citizen: yes no Religion _____ Parish _____

FAMILY RECORD

Name of father or legal guardian _____
LAST FIRST INITIAL

U.S. Citizen yes no Religion _____

Occupation _____ Name of company _____

Business Address _____
STREET CITY STATE ZIP AREA CODE PHONE

Mother's Maiden name _____
LAST FIRST INITIAL

U.S. Citizen yes no Religion _____

Occupation _____ Name of company _____

Business Address _____
STREET CITY STATE ZIP AREA CODE PHONE

MARITAL STATUS OF PARENTS/HOME CONDITIONS (Check all that apply.)

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Parents married, living together | <input type="checkbox"/> Mother remarried | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Parents separated | <input type="checkbox"/> Father remarried | _____ |
| <input type="checkbox"/> Parents divorced | <input type="checkbox"/> Mother deceased | _____ |
| <input type="checkbox"/> Foster home | <input type="checkbox"/> Father deceased | |

If other than above, name and relationship of person with whom student lives _____

SACRAMENTAL HISTORY OF STUDENT

Church of Baptism _____ Date _____

Church of First Communion _____ Date _____

Church of First Penance _____ Date _____

(over...)

1. Are you a registered member of St. James Parish? Yes (*go to question 2*) No
- a. If no, and you are Catholic, please indicate the name and location of the parish in which you are registered.

b. If no, and you are non-Catholic, please indicate your religious affiliation and place of worship.

2. If you or another family member is a St. James alumnus, indicate name(s) and year(s) of graduation. _____

STUDENT BACKGROUND

3. What school does your child currently attend? (Address, including city and zip code must be include)

School name _____ Address _____

City, State, Zip _____

All new students are accepted on a probationary basis. I give permission for my child's current teacher to be contacted.

Teacher's name _____

School _____ School phone number _____

4. If you did not list a public school in question 3, please indicate the public school and district where you child would be attending.

School _____ District _____

5. Has your child previously been in a

Speech program yes no

Learning disability program yes no

Gifted program yes no

Physically challenged program yes no

6. How did you hear about St. James Academy? _____

8. Medical History (*Check yes or no.*)

Allergies yes no

Eyeglasses yes no

(*Specify*) _____

Emotional illness yes no

Attention deficit disorder (ADD) yes no

Hearing difficulty yes no

Bone and joint illness yes no

Speech difficulty yes no

Convulsions or fainting yes no

Visual difficulty yes no

Diabetes yes no

Other (*specify*) _____

Child's Physician _____ Phone _____

Child's Hospital or HMO _____ Phone _____

9. Other children in family currently attending St. James:

Name/grade _____

Name/grade _____

Name/grade _____

Name/grade _____