



St. James Academy
Student Application for Enrollment
Kindergarten - 8th Grade
 623 South Nardo Avenue, Solana Beach CA 92075
 Phone: 858.755.1777 Fax: 858.755-3124
 website: www.saintjamesacademy.com

Date of Application: _____

Note: Applicants for Kindergarten must be 5 years old by September 1st of the year they will attend

STUDENT INFORMATION

Student Name (First and Last):			
Date of Birth:		Place of Birth:	
Desired Enrollment Year:	Grade Applying For:	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Religion:		Parish:	
Student Lives With: <input type="checkbox"/> Both Parents (same address) <input type="checkbox"/> Both Parents (shared custody) <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Other (please specify): _____			

MOTHER/PARENT 1 INFORMATION

First and Last Name:		Home Phone:	
Home Address:		City:	Zip:
Cell Phone:	Email:		
Occupation:	Employer:		
Work Phone:	Religion:		

FATHER/PARENT 2 INFORMATION

First and Last Name:		Occupation:	
Home Address:		City:	Zip:
Cell Phone:	Email:		
Occupation:	Employer:		
Work Phone:	Religion:		

FAMILY PARISH INFORMATION

Please check one:

Registered member of St. James Parish

Registered member of another Catholic parish. Please specify parish: _____

Non-Catholic. Please specify religious affiliation, if applicable: _____

SACRAMENTAL HISTORY OF STUDENT

Church of Baptism:	City/State:	Date:
Church of First Reconciliation:	City/State:	Date:
Church of First Communion:	City/State:	Date:

Please complete other side of form

STUDENT BACKGROUND			
What school does student currently attend?			
Address:	City	State	Zip
<i>All new students are accepted on a probationary basis.</i> By including your child's current teacher, you are giving SJA permission to contact the teacher: Teacher's Name: _____ School Phone Number: _____			
Guidance Information (Check Yes or No)			
Has your child previously been in a program for gifted learners?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child ever skipped a grade? If yes, which grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child ever had to repeat a grade? If yes, which grade?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child previously been in a speech program?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a learning disability? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have a physical disability? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does your child have an IEP? Please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Has your child ever been, or is currently, subject to probation, suspension, or dismissal from another school? If yes, please explain:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medical History (Check Yes or No)			
Allergies If yes, specify:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Emotional Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Attention Deficit Disorder (ADD or ADHD)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Hearing Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bone or Joint Illness	Yes <input type="checkbox"/> No <input type="checkbox"/>	Speech Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Convulsions or Fainting	Yes <input type="checkbox"/> No <input type="checkbox"/>	Visual Difficulty	Yes <input type="checkbox"/> No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other (specify):	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wears eyeglasses	Yes <input type="checkbox"/> No <input type="checkbox"/>		
GENERAL INFORMATION			
Please list other children in your family currently attending St. James Academy:			
Name/Grade: _____	Name/Grade: _____	Name/Grade: _____	
Please list any family members who are St. James alumnus and year(s) of graduation:			
How did you hear about Saint James Academy?			

Please carefully complete all information and with your submission, be sure to include the following:

1. Copy of child's birth certificate
2. Copy of child's baptismal certificate, if applicable

Please mail, email or fax your documents to the following:

St. James Academy
 623 S. Nardo Avenue
 Solana Beach, CA 92075
 Fax: 858-755-3124
 Email: lcooper@saintjamesacademy.com