



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

- Parents married, living together       Mother remarried       Other: \_\_\_\_\_
- Parents separated       Father remarried
- Parents divorced       Mother deceased      \_\_\_\_\_
- Foster home       Father deceased

If other than above, name and relationship of person with whom student lives: \_\_\_\_\_

If child has been baptized: \_\_\_\_\_  
Church                      City                      Date

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. Does your child currently attend a preschool? (Address, including city and zip code)

School Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

4. How did you hear about St. James Academy? \_\_\_\_\_

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

Allergies yes  no  (*Specify if yes*) \_\_\_\_\_

Speech program yes  no       Learning disability program yes  no       Diabetes yes  no

Bone and joint illness yes  no       Convulsions or fainting yes  no       Speech difficulty yes  no

Visual difficulty yes  no       Eyeglasses yes  no       Hearing difficulty yes  no

Physically challenged program yes  no       Emotional illness yes  no  \_\_\_\_\_

Attention deficit disorder (ADD) yes  no

Other (*specify*) \_\_\_\_\_

Child's Physician Name and Phone: \_\_\_\_\_

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

Name/grade: \_\_\_\_\_ Name/grade: \_\_\_\_\_