



Saint James Christian Schools
School-Age Program
Application for Admission



Child's name: _____ Birth date: _____

Nickname (if any): _____ Boy ___ Girl ___ Telephone _____

Address: _____

Mother's name: _____ Occupation _____ Work# _____

Father's name: _____ Occupation _____ Work# _____

Address (if different): _____

Name used for mailing: _____
 (Mr. and Mrs., Ms., Dr., etc.)

Siblings: Names and Birth dates

Child's past school experience: _____

Are you, or anyone you know affiliated with Saint James? _____

Does your child have any special problems, allergies, unusual disabilities or abilities that should be considered when planning an appropriate school experience? _____

Any other information that might be helpful when planning your child's school experience?

A one-time, non-refundable \$50.00 registration fee is required at the time this form is submitted.
Please make all checks payable to Saint James Christian Schools. Thank you!

Signature of Parent or Guardian: _____

Application rec'd _____
 Registration fee _____
 Acceptance sent _____
 Tuition/deposit _____
 Date rec'd _____

Notes: _____

