



# 2020-2021 Enrollment Application

50 Harvey Place \* Stratford, CT 06615 \* (203) 375-5994

[www.stjamesstratford.org](http://www.stjamesstratford.org)

Thank you for choosing Catholic Education!

### Grade Entering:

- PreK-3yr  4th
- PreK-4yr  5th
- Kndrgrtn  6th
- 1st  7th
- 2nd  8th
- 3rd

## STUDENT/FAMILY INFORMATION

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

**Address:** \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Social Security Number:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:**  M  F **U.S. Citizen:**  Yes  No

**Religion:**  Catholic  Non-Catholic **Birthplace:** \_\_\_\_\_  
(CITY) (STATE) (COUNTRY)

If Catholic, is child baptized?  Yes  No

If yes: **Date of Baptism:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Parish/Location Where Baptized:** \_\_\_\_\_  
(CITY) (STATE)

**Name of Current Parish:** \_\_\_\_\_

**Race:**  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander **Ethnicity (select one):**  
 Asian  White  Hispanic or Latino  
 Black  Two or more Races  Non-Hispanic

### Father/Guardian:

**Name:** \_\_\_\_\_  
(TITLE) (FIRST) (LAST)

**Address:** \_\_\_\_\_  
(STREET) (CITY) (ZIP)

**Phone:** \_\_\_\_\_  
(HOME) (CELL)

**Email:** \_\_\_\_\_

**Relationship to Student:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Religion:**  Catholic  Non-Catholic

**Marital Status:** \_\_\_\_\_

If divorced, please provide the divorce decree.

Is there joint custody?  Yes  No

If no, are visitation rights permitted to non-custodial parent?  Yes  No

If no, copies of all custodial judgements/agreements must be provided to the school.

Student lives with: (select all that apply)  Mother  Father  Grandparent  Guardian  Other \_\_\_\_\_

### PLEASE LIST ALL STUDENT'S SIBLINGS: (If additional space is needed, please list on back)

\_\_\_\_\_  
(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

\_\_\_\_\_  
(NAME) (DATE OF BIRTH) (AGE) (SCHOOL)

### MEDIA RELEASE:

I grant permission to use my child's image and/or name in print, electronic, or digital format for school publication, publicity, and website. (select one)  Yes  No

**SHARE INFORMATION:**

I grant permission to use my family contact information to be shared with other parents for school-related purpose, not for public use. (select one)  Yes  No

**SPECIAL SERVICES\*:**

Does your child have an IEP or 504 Plan?  Yes  No

Have you ever been invited to attend a PPT meeting for your child?  Yes  No

For student entering Pre-K or K: Has your child received services through Birth to 3?  Yes  No

*\*This information is necessary for teachers to plan for your child’s success. A copy of your child’s plan must be submitted.*

Home Language Survey:

When your child began to speak, what language did he/she speak? \_\_\_\_\_

What language do the parents/guardians speak to each other? \_\_\_\_\_

What language is spoken most often at home? \_\_\_\_\_

**MEDICAL:**

Student’s Pediatrician: \_\_\_\_\_  
(NAME) (PHONE)

Student’s Dentist: \_\_\_\_\_  
(NAME) (PHONE)

Hospital Preference: \_\_\_\_\_  
(NAME) (PHONE)

Does the student have allergies; severe health issues and/or is taking medications?  Yes  No

If yes, please explain fully \_\_\_\_\_

**SCHOOLS PREVIOUSLY ATTENDED (if applicable):**

\_\_\_\_\_  
(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

\_\_\_\_\_  
(SCHOOL) (CITY) (STATE) (GRADE/S) (REASON FOR LEAVING)

**EMERGENCY CONTACTS: (Non-Parent or Non-Guardian)**

\_\_\_\_\_  
(NAME) (DAYTIME PHONE) (RELATIONSHIP)

\_\_\_\_\_  
(NAME) (DAYTIME PHONE) (RELATIONSHIP)

**TRANSPORTATION:**

Bus Transportation Requested (Available for Stratford residents in grades K-8 only):  Yes  No

If Yes, select one:  Morning Only  Afternoon Only  Both

Which public school would your child attend if not St. James? \_\_\_\_\_  
(SCHOOL NAME) (CITY)

**SIGNATURES:**

*I hereby certify that all of the above information is accurate and that my child and I agree to abide by the policies and procedures of the school handbook including the tuition policy.*

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*Accredited by the New England Association of Schools and Colleges  
Our Catholic school admits students without regard to race, creed or color.*