

**St. James Elementary School and Childcare Center
341 Amboy Avenue, Woodbridge NJ 07095**

Student Name _____ Sex _____ DOB _____ Grade _____

Address _____ Phone _____ Cell _____

_____ E-Mail _____

Religion _____ Name of Parish registered _____ We are not registered at a Parish _____

If you are a transfer student, name of school student now attends _____

Country of Birth _____ Student US Citizen Yes ___ No ___

This information is required for NCEA and Diocesan reporting:

Ethnicity: ___ Hispanic or Latino or ___ Not Hispanic or Latino

Race: ___ Native American ___ Asian ___ Black ___ Native Hawaii/Pac Island ___ White ___ 2 or more races

<u>Father</u> Name _____	<u>Mother</u> Name _____	<u>Siblings at SJS</u> _____	<u>Grade</u> _____
Religion _____	Religion _____	_____	_____
Occupation _____	Occupation _____	_____	_____
Business Name/Address/Phone _____	Business Name/Address/Phone _____	Student Resides with: ___ Both Parents ___ Mother ___ Father ___ Guardian	

I certify the above information is true. Parent/Guardian Signature _____