



# SAINT JAMES SCHOOL

ENROLLMENT FORM 2018-2019

**A**

### Parent, Guardian, or Other Adult

If there are additional parent guardian(s) please duplicate this information and submit with application.

Relationship to student(s):  Father  Mother  Stepfather  
 Stepmother  Uncle  Aunt  Grandparent  Other

Last Name		First Name	
Address		Apt.#	
City	State	Zip Code	
Phone 1		Phone 2	
Email 1 (for communication)		Email 2	
Religion	Parish/Church		
Occupation	Employer		

**B**

### Parent, Guardian, or Other Adult

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Relationship to student(s):  Father  Mother  Stepfather  
 Stepmother  Uncle  Aunt  Grandparent  Other

Last Name		First Name	
Address		Apt.#	
City	State	Zip Code	
Phone 1		Phone 2	
Email 1 (for communication)		Email 2	
Religion	Parish/Church		
Occupation	Employer		

**C**

### Student Information

If there are additional student(s) please duplicate this information and submit with application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

Has this student received the Sacrament:  Baptism Date: \_\_\_/\_\_\_/\_\_\_ Parish: \_\_\_\_\_

Reconciliation Date: \_\_\_/\_\_\_/\_\_\_ Parish: : \_\_\_\_\_  1<sup>st</sup> Communion Date: \_\_\_/\_\_\_/\_\_\_ Parish: \_\_\_\_\_

Confirmation Date: \_\_\_/\_\_\_/\_\_\_ Parish: \_\_\_\_\_

Grade to attend: \_\_\_\_\_ Prekindergarten:  Half-day  Full-day  2 days  3 days  4 days  5 days  M  T  W  Th  F

Will this student attend before-care:  Yes  No If yes, on which days: \_\_\_\_\_

Will this student attend after-care:  Yes  No If yes, on which days: \_\_\_\_\_

Is this student transferring from another school:  Yes  No If yes, provide prior school's name and contact information: \_\_\_\_\_

Student Ethnicity/Race (for statistical purposes): Is this student of Latino/Hispanic ethnicity?  Yes  No

Race:  American Indian  Asian  Black/African-American  White/Caucasian

This student lives with:  Both parents  Mother  Father  Stepmother  Stepfather  Other (specify): \_\_\_\_\_

Has this student:  Used an IEP or 504 Plan  Received Title 1 services  Been in a Gifted/Talented Program

Been suspended or expelled  Needed special physical or medical needs



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## D Additional Information

If there are additional sibling(s) please duplicate this information and submit with application

New Family to Saint James School  Returning Family to Saint James School

Why are you choosing Saint James School for the Student(s)? \_\_\_\_\_

How did you hear about Saint James School:  Website  Newspaper  Church Bullentin  Parishioner

School Family (referral source) \_\_\_\_\_  Other \_\_\_\_\_

Does your family have any other siblings that are not school aged or are currently enrolled at a different school? If yes, list:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female DOB: \_\_\_/\_\_\_/\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender:  Male  Female DOB: \_\_\_/\_\_\_/\_\_\_

School where sibling(s) is enrolled: \_\_\_\_\_

The parent/guardian's signature on this application provides consent for parent/student information to be published in the school directory and for the en-rolled student(s)'s picture to be used in publications, school websites, or news releases generated by Saint James School unless the parent/guardian specifically indicates otherwise here:

Do not publish directory information  No photo release

## E Registration Fee and Agreement

Each family must submit a \$250 non-refundable enrollment fee in order to complete the registration process. This fee is not refunded if the family chooses to withdraw the application.

**FINANCIAL AID:** Families must submit the enrollment form and fee, and complete the FACTS registration before an application for financial aid can be considered. Please note that financial aid is not available for students in pre-kindergarten. Please understand that Saint James School has very limited funds available for financial aid. Accordingly, we ask that you prayerfully reflect on the amount of assistance that you need when completing the application, and not apply unless it is truly necessary so that we have enough aid to assist our neediest students or for families who experience mid-year difficulties due to family illness or death, job loss, or other financial hardship.



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Families should return all registration materials and fees together to the school office at:

Saint James School  
25 Graham St. Biddeford, Maine 04005

We, the undersigned, certify that the information provided in this enrollment application is accurate and complete. Saint James School retains the right to cancel enrollment at any time if this application contains false or misleading information. Upon admission to Saint James School, we agree to comply with all the rules and regulations as set forth by Saint James School. In addition, we agree to cooperate and assist the administration, faculty and staff in promoting the mission, integrity and high spiritual, moral, and academic standards set forth by Saint James School. We acknowledge that Saint James School reserves the right to cancel enrollment at any time for reasons of academic, moral, or character deficiency as well as any actions detrimental to the Good Shepherd Parish or the faculty, administration, staff, facilities and name of Saint James School.

We have received a copy of and agree to abide by the "Tuition & Financial Responsibility Agreement for 2018-2019" and the "Tuition Assistance & School Subsidy Agreement for 2018-2019" (if applicable). Upon admission, the parent(s)/guardian(s) signing below accept financial responsibility for all tuition, fees, and charges on behalf of the named students. It is our obligation to make timely payments and we understand that late charges may be assessed to accounts in arrears. We further understand that if our account becomes severely delinquent, the Pastor, in consultation with the Principal and Superintendent of Maine Catholic School, may request the parent/guardian(s) to withdraw the student from the school, and that our student(s) may not be allowed to begin the next school year until the tuition account is brought current.

The signatures of both parent(s)/guardians(s) are required. In the case of divorce or separation, the parent(s)/guardian(s) signing below accept full financial responsibility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

FOR OFFICE USE ONLY:			
DATE RECEIVED: _____	AUTHORIZED INITIALS: _____	CHECK # _____	AMOUNT: \$ _____ Family ID: _____