



St. James School

603 West Ave.

Gulfport, MS 39507

**Application for Admission
2017-2018
Pre-Kindergarten 3 - 6th Grade**

The registration fee is \$300.00 for each child. Please fill out both sides.

Family Name _____

Father's Name _____ Mother's Name _____

Address _____

City _____ Zip Code _____ Home Phone _____

Guardian/custodial parent:

Father & Mother Father Mother Other: Name _____

If you are enrolling in PK-3, please mark full-time or part-time. <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time					
Name	Social Security Number <small>(only necessary for new students)</small>	Grade 2017-18 school year	Birth Date	Sex	Race
				<input type="checkbox"/> male <input type="checkbox"/> female	
				<input type="checkbox"/> male <input type="checkbox"/> female	
				<input type="checkbox"/> male <input type="checkbox"/> female	
				<input type="checkbox"/> male <input type="checkbox"/> female	

Catholic - Please take the **Active Parishioner Form** to your parish office to be signed.
Please return signed form by Friday, March 24th to receive active parishioner rates.

Parish that you are registered _____

Non-Catholic

Please select one as your preference for payment of tuition:

_____ Single payment due July 2017

_____ FACTS 10 month plan: automatic bank payments through FACTS over 10 months July-April.

_____ FACTS payments via MasterCard or Discover with a convenience fee

Signature of person(s) responsible for tuition: _____

Relationship to student: _____ Social Security Number: _____

Address: _____ City _____ State _____ Zip Code _____

Phone Number: _____

Name and Address of school your child/children attended last school year

(OVER)

ST. JAMES CATHOLIC SCHOOL
2017-2018 Emergency Contact

Student's Last Name _____

Father's Name _____ Place of Employment _____

Father's Work number _____ Father's Cell phone number _____

Mother's Name _____ Place of Employment _____

Mother's Work number _____ Mother's Cell phone number _____

Best phone number used for School Messenger: Name _____ # _____

Email address (newsletters will be sent to this address) _____

1st phone number to use in case of illness or emergency:

Name: _____ Relationship to student: _____ Phone: _____

2nd phone number to use in case of illness or emergency:

Name: _____ Relationship to student: _____ Phone: _____

Additional emergency contacts: The following may release my child from school or act in my absence:

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

Name: _____ Relationship to student: _____ Phone: _____

I hereby give permission for the proper school authorities to seek
medical assistance in case of an emergency and I cannot be reached.

Hospital: _____ Phone: _____

Doctor: _____ Phone: _____

Allergies or other remarks: (please indicate which student) _____

Please check one:

My child/children **MAY** be photographed for the newspaper, television, school advertising or school website.

My child/children **MAY NOT** be photographed for the newspaper, television, school advertising or school website.

Please check one:

Parent contact information **MAY** be published in a school directory.

Parent contact information **MAY NOT** be published in a school directory.

Signature of Parent or Guardian _____ Date _____