



# St. James School

603 West Ave.  
Gulfport, MS 39507

## Application for Admission 2018-2019

### Pre-Kindergarten 3 - 6th

If you are enrolling in PK-3, please mark full-time or part-time.  Part-time  Full-time

Student Name (First, Middle, Last)	Social Security Number (only necessary for new students)	Grade 2018-19 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	

<b>Father's Name</b> _____ Address: _____ City _____ Zip Code _____ Place of Employment: _____ Home Phone Number: _____ Cellphone Number: _____ Work Number: _____	<b>Mother's Name</b> _____ Address: _____ City _____ Zip Code _____ Place of Employment: _____ Home Phone Number: _____ Cellphone Number: _____ Work Number: _____
<b>Guardian's Name</b> _____ Address: _____ City _____ Zip Code _____ Place of Employment: _____ Home Phone Number: _____ Cellphone Number: _____ Work Number: _____	Please check appropriate choices below: <b>Student(s) live with:</b> <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____ <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single Parent <input type="checkbox"/> Remarried <b>Guardianship:</b> <input type="checkbox"/> Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparents <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Joint Custody

We utilize the School Messenger to deliver phone, email, & opt-in text messages.

Best Phone Number for School Messenger: _____	School Messenger Email Address: _____
---	---------------------------------------

**Catholic - Parish that you are registered** \_\_\_\_\_  
*Please take the **Active Parishioner Form** to your parish office to be signed.*  
**Please return signed form by Thursday, March 29th to receive active parishioner rates.**

**Non-Catholic**

**Please select one as your preference for payment of tuition:**

\_\_\_\_\_ Single payment due July 2018

\_\_\_\_\_ Two payments due July 2018 and January 2019

\_\_\_\_\_ 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

2018-2019 Emergency Contact

Student(s) Name	Grade 2018-2019

Emergency Contacts (in case parents can't be reached)	Phone Numbers	Relationship to student(s)
1.		
2.		
3.		
4.		

Persons authorized to check student(s) out of school:

Persons <b>NOT</b> authorized to check student(s) out of school:

**Please attach any instructions by the court regarding custody or visitation.**

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 \_\_\_\_\_