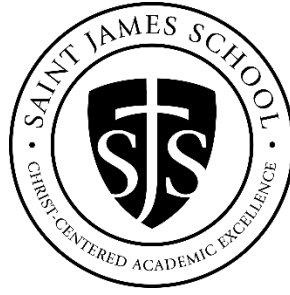


**Saint James School**  
200 S. Finley Avenue  
Basking Ridge, NJ  
07920  
908-766-4774  
908-766-4432 fax  
www.sjsbr.org



# APPLICATION FOR ADMISSION PRE K 4

Date of Application: \_\_\_\_\_ Grade applied for: **Pre-K 4** Requested start date: \_\_\_\_\_

Name of Student \_\_\_\_\_ Sex: M  F   
First Middle Last

Student's Address \_\_\_\_\_  
Street City/Town State Zip Code

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Resident Public School District: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Is the student Hispanic or Latino? Yes  No

Ethnic background of student (Please check):

African American  Asian  Hawaiian/Pacific Islander  Caucasian  
 Hispanic  Multi-Racial  Native American  Other

**Parish Affiliation:**

- Registered St. James parishioner  
 Catholic, registered parishioner at (indicate parish, city) \_\_\_\_\_  
 Non-Catholic

**Sacramental History:**

Baptism: Date \_\_\_\_\_ Place \_\_\_\_\_  
Name of Church, City and State

Does student have sibling(s) currently attending Saint James School: Yes  No

Parents' Marital Status: Married  Divorced  Separated  Single

Father's Name \_\_\_\_\_ Deceased?   
First Middle Last

Address (if different than student) \_\_\_\_\_

Father's Place of Birth \_\_\_\_\_ Father's Religion \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Father's Employer \_\_\_\_\_

Father's Work Phone (\_\_\_\_\_) \_\_\_\_\_ Father's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Deceased?

First Middle Mother's Maiden Name

Address (if different than student) \_\_\_\_\_

Mother's Place of Birth \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Mother's Work Phone \_\_ (\_\_\_\_) \_\_\_\_\_ Mother's Cell Phone \_\_ (\_\_\_\_) \_\_\_\_\_

Mother's Email: \_\_\_\_\_

**SESSION REQUESTED (please indicate a 1<sup>st</sup> and 2<sup>nd</sup> choice):**

Three Half Days \_\_\_\_\_

Three Full Days \_\_\_\_\_

Four Half Days \_\_\_\_\_

Four Full Days \_\_\_\_\_

Five Half Days \_\_\_\_\_

Five Full Days \_\_\_\_\_

**BROTHERS/SISTERS:**

Name	Age	School	Grade

**What can you tell us about your child (strengths and weaknesses)?**

\_\_\_\_\_  
\_\_\_\_\_

**Tell us about your family's faith commitment: (e.g. Mass attendance and parish involvement)**

\_\_\_\_\_  
\_\_\_\_\_

**Is your child still dependent on Pull Ups or diapers?  Yes  No**

Language spoken at home other than English \_\_\_\_\_

Language spoken by student other than English \_\_\_\_\_

Saint James School admits students of any color or ethnic origin. Submission of this application should not be construed as an acceptance to Saint James School. An application will not be considered complete until all the necessary paper work has been submitted which includes copies of birth certificate, sacramental certificate(s), immunization record, wallet-size photo, and \$50 application fee.

It is the policy of the Diocese of Metuchen that no child shall be admitted to a school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A. 26:1A-9. Proper immunization is a condition of admission to the school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

If you are a separated or divorced parent, it is a Diocesan directive that the school be provided a copy of the court order mandating custody of the child at the time of application.