

St. James School Registration Form

Student's Full Name _____

Date of Birth: _____ Birthplace: _____ Sex: M F

Address: _____ Grade: _____

City, State, Zip: _____ Home Phone: _____

Parent Information

	Father	Mother
Name		
Address		
City, State, Zip		
Home Phone		
Work Phone		
Cell Phone		
Email		
Include in mailings?	<input type="checkbox"/>	<input type="checkbox"/>
Method	<input type="checkbox"/> Email <input type="checkbox"/> US Mail	<input type="checkbox"/> Email <input type="checkbox"/> US Mail
Lives with child?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Contact Order <small>(circle one)</small>	1st 2nd	1st 2nd
Language spoken in home if other than English		

Emergency Contact if Parent's can't be notified

Name: _____ Relationship to child: _____ Phone: _____

Medical Information

Please check if your child has any of the following

- Severe Nosebleeds Headache/Migraines Heart Condition Diabetes Hearing Problems
 Vision Problems Needs regular medication at school* Asthma – Inhaler at school?

Allergies: _____

*If your child needs regular medication at school a medication permission form must be completed before any prescription medications can be given.

State Defined Ethnicity

(MUST BE COMPLETED)

Race:

- White Black or African American Asian
 American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Ethnicity:

- White – Non Hispanic Hispanic Black – Non Hispanic
 Asian/Pacific Islander American, Alaskan Native

Parental Consent/Sign-up

- Field Trips – I consent to any field trips taken throughout school year Yes No
- Tylenol – I consent to the use of Tylenol when needed Yes No
- Insurance – My child **does not need** school insurance – we have our own insurance Yes No
- Ambulance – The school personnel may call an ambulance when, if in their judgment, it is needed Yes No
- Photography – The school may use photographs of my child in local news, on website, in newsletter, etc..... Yes No
- Grant – I would like St. James School to receive grant money from the state or federal government Yes No

Child’s Normal Routine

On most school days my child will be:

- Riding the School Bus
- Riding the Minibus
- Will be picked up
- Walking
- KidZone
- Other: _____

The following people **ARE** authorized to pick up my child:

The following people **ARE NOT** authorized to pick up my child:

Permanent Record Information

This information is only required at your child’s initial registration.

	Father	Mother	Step-parent
Full Name			
Date of Birth			
Birthplace			
Highest Grade Completed			
Marital Status			
Maiden Name (if applicable)			

Child’s Sacramental Information

Baptism Date: _____ Church Name: _____ Church Location: _____

First Communion Date: _____ Church Name: _____ Church Location: _____

Sibling Information

Please indicate number of family members

Older Brothers: _____ Older Sisters: _____ Younger Brothers: _____ Younger Sisters: _____

Parent Signature _____

Date: _____