

# Diocese of Arlington

## Application for Admission – New Students

Name of School: St. James Catholic School School Year: 2018-2019 Applying for Grade: \_\_\_\_\_

### STUDENT DATA:

Legal Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Nickname: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security Number (Optional): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Country of Birth (if outside the United States of America): \_\_\_\_\_ City & State of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Public School System in which student resides: \_\_\_\_\_ Public School Child Would Attend: \_\_\_\_\_

**ONE** Email for Official School Communication: \_\_\_\_\_

Check all that apply: Only child at this school?  Yes  No Youngest child at this school?  Yes  No

Names and grades of sibling(s) at school: \_\_\_\_\_

### Previous Schools Attended:

Name of School: \_\_\_\_\_ Dates: \_\_\_\_\_ Grades: \_\_\_\_\_ Location: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_

Religion: \_\_\_\_\_ Baptized:  Yes  No

### For Catholic Applicants:

Date Church/Parish City and State

Baptism: \_\_\_\_\_

Reconciliation: \_\_\_\_\_

First \_\_\_\_\_

Eucharist: \_\_\_\_\_

Confirmation: \_\_\_\_\_

The following information is optional but helpful for applying for federal grants and the NCEA data bank information:

Ethnicity of Child:  American Indian/Native Alaskan  Asian  Black  Hispanic  
 Native Hawaiian/Pacific Islander  White  Multi-Racial  All Others

St. James Catholic School welcomes all students regardless of race, religion/creed, or ethnic origin.

**FAMILY BACKGROUND:**

Father

Mother

Full Name: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Country of Birth (if outside USA): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Work Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Religion: \_\_\_\_\_  
Parish: \_\_\_\_\_  
Parish Number (if St. James): \_\_\_\_\_  
Primary Language spoken in home: \_\_\_\_\_

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Person responsible for tuition & fees payment:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Marital Status:  Married  Single  Separated  Divorced\*\*  
 Mother deceased  Father deceased  Father remarried  Mother remarried

\*\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.

Student lives with:  Both Parents  Mother  Father  Guardian (if checked, fill out below)

Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Religion: \_\_\_\_\_ Parish: \_\_\_\_\_ Parish Number (if St. James): \_\_\_\_\_

Grandparent Information:

Paternal

Maternal

Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

Has the student ever been tested or evaluated for any disability [i.e. learning disabilities, Attention Deficit (Hyperactivity) Disorder, emotional disabilities, etc.], English as a Second Language, or medical condition?

**Yes**                       **No**

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school, and Special Ed Triennial.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether the student is otherwise qualified for admission.

I agree to abide by the regulations of St. James School and to pay tuition and other applicable fees in a timely manner.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Date

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

Are you an alumnus of Saint James Catholic School?     Yes     No

If yes, please provide graduation  
year: \_\_\_\_\_

To be considered for admission, the following documents and items must accompany this application:

1. Baptismal certificate (Catholics only)
2. Immunization record
3. Copy of custody decree (if applicable)
4. Original birth certificate must be presented to school personnel for verification
5. Current report card including comments **and** the two previous years' report cards
6. Current standardized test scores **and** the two previous years, if available
7. Non-refundable application & school fee
8. Commonwealth of Virginia School Entrance Health Exam Form aka MCH 213 (**Must be submitted prior to beginning of school year**)