

**SS. PHILIP AND JAMES SCHOOL
2018- 2019 APPLICATION
FOR REGISTRATION
GRADES K - 8**

This application will be considered complete only when all required supporting data is attached.

STUDENT DATA

Name: _____

Date of Birth: _____

Address: _____

City, State, Zip: _____

Phone: _____

Family E-Mail: _____

Religion: _____

Lives With: _____

Church/Parish: _____

Proposed Entry Grade: _____

Sacramental

Parish

City

Date

Baptism _____

Eucharist _____

Reconciliation _____

Confirmation _____

PARENT/GUARDIAN DATA

Father: _____

Religion: _____

Occupation: _____

Employed By: _____

Cell Phone: _____

Mother: _____

Religion: _____

Occupation: _____

Employed By: _____

Cell Phone: _____

Maiden Name: _____

Public School Attendance Area:

(i.e., Northwest, Manchester, Jackson)

School Last Attended: _____

Dates Attended: _____

Grade at Withdrawal: _____

Reason for Transfer: _____

New students or changes only:

- _____ **Baptismal Record**
- _____ **Birth Certificate**
- _____ **Immunization Record**
- _____ **Records from all previous schools**
- _____ **Custody documentation**
- _____ **Immigration & Naturalization Service 1-20 form**
- _____ **Parishioner**

AUTHORIZED BY:

X _____

Title: _____

Date: _____

**PLEASE FILL OUT
REVERSE SIDE**

All other schools attended by this student must be listed below: _____

Does this student have any special educational needs? _____

Does this student have any special behavioral needs? _____

By submitting this application, I certify that all of the information is true and complete. I further state that I will abide by the school regulations and support school policy. I recognize & will meet my financial obligations to the school tuition & fees that are charged for the education of my child.

PARENT SIGNATURE: _____ DATE: _____

PERSONS TO CONTACT IN CASE OF EMERGENCY

NEIGHBOR/ RELATIVE: _____
NAME/RELATIONSHIP ADDRESS PHONE# CELL #

PHYSICIAN: _____
NAME ADDRESS PHONE

DENTIST: _____
NAME ADDRESS PHONE

ORTHODONTIST/OTHER: _____
NAME ADDRESS PHONE

ALLERGIES:

MEDICATIONS:

OTHER CONDITIONS:

REMARKS:

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I do ___/do not___ hereby authorize the school to call the medical personnel indicated and to follow their instructions. If it is impossible to contact them, the school may make necessary arrangements.

Parent or Guardian signature: _____ Date: _____

In the event of an illness or injury requiring medical treatment, I do ___/do not___ hereby authorize the school to transport my child to the facility listed below or to the nearest available source of assistance.

Parent or Guardian signature: _____ Date: _____

Hospital/Clinic: _____
NAME ADDRESS PHONE