

One form  
per child

# ST. JAMES SCHOOL

(310) 371-0416

## APPLICATION FOR RE-REGISTRATION FOR 2018-2019 SCHOOL YEAR

Due in School Office by Friday, February 9, 2018

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Current Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Email \_\_\_\_\_

Are you a registered and active member of St. James Parish? \_\_\_\_\_

*Tuition rates for each academic year are based upon **weekly attendance** at St. James Church as evident through the **weekly use of St. James Parish Envelopes or Faith Direct coupons** during the calendar year (January – August 2018).*

According to your records, how many of the 30 volunteer hours have you completed? \_\_\_\_\_

My child(ren) will **NOT** be returning to St. James School for the 2018-2019 school year **because**

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

I would like my child(ren) to return to St. James School for the 2018-2019 school year **because**

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

I understand that:

- **A \$30.00 NON-REFUNDABLE APPLICATION FEE MUST BE RECEIVED FOR EACH STUDENT.**
- *Incomplete applications will be returned.*
- **Final** acceptance depends upon:
  1. Full payment of all **2017-2018** School Tuition/fees/fines
  2. Fulfillment of **2017-2018** Parent Agreement
  3. Acceptable levels of behavior and effort on the student's part

PARENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_