



stjamesmac-school.com

REQUEST FOR ENROLLMENT 2022-2023

Multi-Age Communities

Primary Grade (Kindergarten, 1st)
 Early Intermediate Grade (2nd, 3rd)
 Intermediate Grade (4th, 5th, 6th)

Child(ren) Information

Incoming Grade	Child(ren)'s Legal Name (Last, First, Middle)	Date of Birth	Male/Female

Parent/Guardian Information

Father/Guardian Name:		Mother/Guardian Name:	
Address:		Address:	
City, State, Zip		City, State, Zip	
Phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	() () ()	Phone <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> work	() () ()
E-mail Please Print		E-mail Please Print	
E-mail in School Directory	YES___ NO___	E-mail in School Directory	YES___ NO___
Employer		Employer	
Occupation		Occupation	
Race/Ethnic Origin (check)	<input type="checkbox"/> W-Caucasian <input type="checkbox"/> H-Hispanic <input type="checkbox"/> B-Afro. American <input type="checkbox"/> M-Multi-racial <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> I-Amer. Indian/Alaskan Native	Race/Ethnic Origin (check)	<input type="checkbox"/> W-Caucasian <input type="checkbox"/> H-Hispanic <input type="checkbox"/> B-Afro. American <input type="checkbox"/> M-Multi-Racial <input type="checkbox"/> A-Asian/Pacific Islander <input type="checkbox"/> I-Amer. Indian/Alaskan Native



Family Information

Child(ren) live with (Please check the appropriate boxes):

<input type="checkbox"/> Mother and Father	<input type="checkbox"/> Parents divorced – Joint custody	<input type="checkbox"/> Mother deceased	<input type="checkbox"/> Other:
<input type="checkbox"/> Father only	<input type="checkbox"/> Parents divorced – Sole custody Father	<input type="checkbox"/> Father deceased	
<input type="checkbox"/> Mother only	<input type="checkbox"/> Parents divorced – Sole custody Mother		
<input type="checkbox"/> Parents Separated			

Primary language spoken at home: _____

Parish & Public-School Information

<input type="checkbox"/> Parish Affiliation: (Please list the parish at which you are registered parishioner)		
<input type="checkbox"/> Not Registered in a Parish:		
<input type="checkbox"/> Parish School/District: (Please list the school and district you child would attend if not at St. James)	School:	District:

Photo Release Authorization

I authorize my child/ren to be photographed, videotaped or audio taped in connection with the education program and activities for St. James School. I consent to the public display of such photograph, videotape, or audiotape images, in print or on websites, in connection with St. James School and the Archdiocese of Oregon programs and activities.

Yes **No** (please check a box)

St. James School requires a **non-refundable** registration fee of \$150 for each Kindergarten – 6th grader to be attached to the Request for Enrollment Form.

A State issued birth certificate and baptismal certificate (if you have one) is required before they can start school. A copy will be made for the student's file. Students must have all their immunizations documented and in the school health file before the first day of school.

Father/Guardian:
 Print Name: _____ Signature: _____ Date: _____

Mother/Guardian
 Print Name: _____ Signature: _____ Date: _____