

12394 S 40 W Haubstadt, IN 47639

□ Previous Year Report Card

Phone: (812) 867-2661 Fax: (812) 615-0025

Enrollment Application for 2023-2024 Student Data

Student's Full Name	M	F
(First) (Middle) (Last)		
Date of Birth Place of Birth		
(Month) (Day) (Year) (City) (State)		
Age as of July 31 st Applying for Grade Date Entering		
Presently Enrolled at		
Address		
Phone		
St. James School admits students of any race, color, national and ethnic origin to all the rights,		
privileges, programs and activities generally accorded or made available to students or schools.		
RaceWhiteHispanicNative AmericanAfrican-AmericanAsian	othe	er
Does your child presently have a Learning Service Plan?YesNo No Test/Evaluation Agency Administered By Date	bit. James School see tudents with special leeds in an inclusive lassroom environme lo not have a Specia Education classroom tudents are pulled o ond instructed one-or mall groups, as an a o large group instruc Students who have b liagnosed with mild l lisabilities will have to ccommodations me	I learning ent. We al , where , ut daily n-one or in alternative ction. seen learning their
Baptism Month Day Year Church City, State	eneral education cla small group and indi- sesting accommodati- tiven outside of the r lassroom as needeen adicated in the childi- tilan. Prior to new str nrolling at St. James of all testing results a ervice plans must bo- brovided. Students r one-on-one instruction adividualized attentic	vidual ons will be regular d, as 's service udents s, copies and current e equiring on or more
Month Day Year Church City, State	etter met in a true S ducation setting.	eeds
Confirmation Month Day Year Church City, State		
A copy of the following must also be submitted with the Enrollment Application if applicable:		
□ Birth Certificate □ Baptismal Certificate □ Health Record/Immunization	วท	

□ Standardized Tests

□ Service Plan

Family Data

Head of Household				
Parents: Togeth	ner Separated_	Divorced	D	eceased
Child Lives With: Moth	er Father I	Both Other_		
Father's Name				
Religion	Parish			□Registered Member
			Phone	
(Street)			Cell	
(City)	(State)	(Zip)		
Place of Employment		Oc	cupation	
Work Phone	Er	mail		
Mother's Name			Maiden	
	Parish			□Registered Member
Address			Phone	
(Street)			Coll	
(City)	(State)	(Zip)	Cell	
Place of Employment		Occ	upation	
Work Phone		Email		
Siblings & Ages				
J J				

Parent/Guardian Signature_

Date____

This signature verifies that all information is true and accurate.

After the student has been admitted, if the school becomes aware of additional information that impacts the school's ability to service the student, the school can change its admissions decision.

Thank you for your application form. Please note: Completion of the application does not ensure enrollment. St. James School does not provide Special Education Services. All students must follow behavior rules and handbook guidelines. All students will attend Religion classes and religious celebrations.

Complete application packets will be reviewed and processed for admission. St. James School will notify the person completing this form upon acceptance of your child(ren). If you need assistance with this application, call 812-867-2661.