



12394 S 40 W
Haubstadt, IN 47639

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

**Enrollment Application for 2025-26
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 31st _____ 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.

Race _____ White _____ Hispanic _____ Native American _____ African-American _____ Asian _____ other

Does your child presently have a Learning Service Plan? _____ Yes _____ No

Test/Evaluation	Agency Administered By	Date
_____	_____	_____
_____	_____	_____

St. James School serves students with special learning needs in an inclusive classroom environment. We do not have a Special Education classroom, where students are pulled out daily and instructed one-on-one or in small groups, as an alternative to large group instruction. Students who have been diagnosed with mild learning disabilities will have their accommodations met within the general education classroom. Small group and individual testing accommodations will be given outside of the regular classroom as needed, as indicated in the child's service plan. Prior to new students enrolling at St. James, copies of all testing results and current service plans must be provided. Students requiring one-on-one instruction or more individualized attention will have their learning needs better met in a true Special Education setting.

Baptism _____
Month Day Year Church City, State

First Communion _____
Month Day Year Church City, State

Confirmation _____
Month Day Year Church City, State

\$100 per student payable to St. James School and a copy of the following (if applicable) must be submitted along with the Enrollment Application.

- Birth Certificate
- Baptismal Certificate
- Health Record/Immunization
- Previous Year Report Card
- Standardized Tests
- Service Plan

OVER →

Family Data

Head of Household _____

Parents: Together _____ Separated _____ Divorced _____ Deceased _____

Child Lives With: Mother _____ Father _____ Both _____ Other _____

Father's Name _____

Religion _____ Parish _____ Registered Member

Address _____ Phone _____
(Street)

_____ Cell _____
(City) (State) (Zip)

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Mother's Name _____ Maiden _____

Religion _____ Parish _____ Registered Member

Address _____ Phone _____
(Street)

_____ Cell _____
(City) (State) (Zip)

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Siblings & Ages _____

Please respond to help us get a better sense of your unique and individual child and the values which you have built your family. *Why do you want your child to attend a Catholic School and how do you view your role as a parent/guardian of a child in our Catholic School?*

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.