

Saint James School
200 S. Finley Avenue
Basking Ridge, NJ
07920
908-766-4774
908-766-4432 fax
www.sjsbr.org



APPLICATION FOR ADMISSION GRADES 1 - 8

Date of Application: _____ Grade applied for: _____ Requested start date: _____

Name of Student _____ Sex: M F
First Middle Last

Student's Address _____
Street City/Town State Zip Code

Home Telephone (_____) _____ Resident Public School District: _____

Date of Birth _____ Place of Birth _____

Is the student Hispanic or Latino? Yes No

Ethnic background of student (Please check):

African American Asian Hawaiian/Pacific Islander Caucasian
 Hispanic Multi-Racial Native American Other

Parish Affiliation:

Registered St. James parishioner
 Catholic, registered parishioner at (indicate parish, city) _____
 Non-Catholic

Sacramental History:

Baptism: Date _____ Place _____
Name of Church, City and State
First Penance: Date _____ Place _____
Name of Church, City and State
First Eucharist: Date _____ Place _____
Name of Church, City and State

Does student have sibling(s) attending St. James: Yes No

HAS STUDENT HAD A CHILD STUDY EVALUATION: Yes No

If "YES", please include a copy of evaluation with this application.

Parents' Marital Status: Married Divorced Separated Single

Father's Name _____ Deceased?
First Middle Last

Address (if different than student) _____

Father's Place of Birth _____ Father's Religion _____

Father's Occupation _____ Father's Employer _____

Father's Work Phone __ (____) _____ Father's Cell Phone __ (____) _____

Father's Email: _____

Mother's Name _____ Deceased?

Address (if different than student) ^{First} _____ ^{Middle} _____ ^{Mother's Maiden Name} _____

Mother's Place of Birth _____ Mother's Religion _____

Mother's Occupation _____ Mother's Employer _____

Mother's Work Phone __ (____) _____ Mother's Cell Phone __ (____) _____

Mother's Email: _____

Current School: _____ Address: _____

Telephone: _____

Please submit the Grade 1-8 Recommendation request and signed release for student's academic records to the current school. All records and recommendation request must be sent directly from the current school/teacher to Saint James School.

BROTHERS/SISTERS:

Name	Age	School	Grade

Dear Parent(s):

What can you tell us about your child (strengths and weaknesses)?

Tell us about your family's faith commitment: (e.g. mass attendance and parish involvement)

Language spoken at home other than English _____

Language spoken by student other than English _____

Saint James School admits students of any color or ethnic origin. Filing this application should not be construed as an acceptance to Saint James School. An application will not be considered complete until all the necessary paper work has been submitted which includes copies of birth certificate, sacramental certificate(s), immunization record, wallet-size photo, academic transcripts and recommendation form and \$50 application fee.

It is the policy of the Diocese of Metuchen that no child shall be admitted to a school without proper proof that the child has been immunized as required by the laws of the State of New Jersey, N.J.S.A. 26:1A-9. Proper immunization is a condition of admission to the school.

Parent Signature

Date

Parent Signature

Date

If you are a separated or divorced parent, it is a Diocesan directive that the school be provided a copy of the court order mandating custody of the child at the time of application.