

Office Use:

| | |
|-------------|-------|
| Birth Cert. | _____ |
| Immun. Rec. | _____ |
| Bapt. Cert. | _____ |
| F. A. | _____ |



Saint James School
 1215 B Street
 Davis, CA 95616
 (530) 756-3946

Office Use:

| | |
|--------------|-------|
| Family Name | _____ |
| Date Rec'd | _____ |
| Waiting List | _____ |
| Approved | _____ |
| Reg. Pymnt | _____ |

Application for Admission

STUDENT INFORMATION

STUDENT'S RELIGION: CATHOLIC (Y/N) NAME OF PARISH _____ REGISTERED (Y/N) _____

| STUDENT NAME (OLDEST FIRST) | MI | Birthdate mm/dd/yy | Sex m/f | Grade in 2018-2019 | New? Y/N |
|-----------------------------|-------|-----------------------|------------|-----------------------|-------------|
| Last: _____ First _____ | _____ | ____/____/____ | _____ | _____ | _____ |
| Last: _____ First _____ | _____ | ____/____/____ | _____ | _____ | _____ |
| Last: _____ First _____ | _____ | ____/____/____ | _____ | _____ | _____ |
| Last: _____ First _____ | _____ | ____/____/____ | _____ | _____ | _____ |

New Students Only: Last School Attended

| | | | |
|---------------|-------------|---------------|-------------|
| School _____ | Grade _____ | School _____ | Grade _____ |
| Address _____ | | Address _____ | |

Transitional Kindergarten applicants must be four years old by September 1, 2018.

Kindergarten applicants must be five years old by September 1, 2018.

Each child entering St. James for the first time must submit a BIRTH CERTIFICATE and IMMUNIZATION RECORD at the time of registration. Catholic students must also submit a BAPTISMAL CERTIFICATE.

Student's Ethnic Background (for census only – optional) circle one:

American Indian/Native Alaskan, Asian, Black, Hispanic, Native Hawaiian/Pacific Islander, White, Multi-Racial

FAMILY INFORMATION

FATHER/STEPFATHER/GUARDIAN

circle one

MOTHER/STEPMOTHER/GUARDIAN

Name: _____

Home Address: _____

Occupation: _____

Employer: _____

Home Phone: _____ Bus. Phone _____

Cell Phone: _____

Email: _____

Name: _____

Home Address: _____

Occupation: _____

Employer: _____

Home Phone: _____ Bus. Phone _____

Cell Phone: _____

Email: _____

Attached is the non-refundable registration fee of \$300 per student.

I/WE AGREE TO THE ATTACHED PROVISIONS AND HEREBY APPLY FOR ADMISSION OF THOSE STUDENTS LISTED ABOVE TO ST. JAMES SCHOOL FOR THE 2018-19 SCHOOL YEAR.

PARENT/GUARDIAN Signature: _____ DATE _____

PARENT/GUARDIAN Signature: _____ DATE _____

Tuition Agreement Form—2018-2019

1. Family Name _____ Child's Last Name _____

2. Our family qualifies for: _____ Parishioner Rate _____ Non-Parishioner Rate
(refer to the enclosed Parishioner Status Form to make your selection)

3. We will have: _____ 1 child _____ 2 children _____ 3 children _____ 4 children
attending Saint James School during the 2018-2019 school year.

_____ Option 1 I will pay my tuition in full by August 1, 2018 and **my \$200 capital improvement fee by June 22, 2018.**

_____ Option 2 I will contract with FACTS Tuition Management for ten (10) equal payments beginning August 1, 2018.

_____ Option 3 I will contract with FACTS Tuition Management for eleven (11) equal payments beginning July 2018.

_____ Option 4 I will contract with FACTS Tuition Management for twelve (12) equal payments beginning July 2018.

4. _____ Irrespective of which FACTS option I have chosen, I understand the \$200 capital improvement fee will be processed on June 22, 2018 by FACTS.

5. _____ We are applying for tuition assistance.

6. Will your tuition be paid by more than one household? _____ Yes _____ No

7. Name(s) responsible for the tuition payment:

| Household 1 | Household 2 |
|----------------------|----------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City/State/Zip _____ | City/State/Zip _____ |

8. _____ I/We understand that Parent Participation is a key component in creating the sense of community and feeling of belonging that is a vital part of St. James School. Therefore, I/We understand that each family **must complete a minimum of 30 service hours** each school year. I/We further understand that **at least 10** of the required 30 service hours **must be fulfilled by assisting with one of the school's fundraisers** (such as the Auction, SCRIP, the Jog-A-Thon, the Crab Feed)

9. _____ I/We understand that failing to complete the minimum 30 service hour requirement (10 of which must be associated with one of the school's fundraisers) may result in my child(ren) not being allowed to re-enroll for the 2019-2020 school year.

10. _____ I/We understand that delinquent tuition payments may result in my child(ren) not being allowed to re-enroll for the 2019-2020 school year.

11. _____ I/We understand that a **30-day notice** must be given before removing a student from Saint James School and that tuition will be charged for 30 days following the date of notice.

Signed _____ **Signed** _____ **Date** _____

PARISHIONER STATUS FORM

ST. JAMES, ST. ANTHONY, and ST. PETER PARISHES

FAMILY NAME _____

Parents who are **registered** and **active** members of St. James, St. Anthony and St. Peter parishes for at least one year prior to registration, and who are involved in parish life as evidenced by attendance at Mass and parish giving are given the “parishioner” rate of tuition. All other families are considered to be non-parishioners and pay the non-parishioner rate.

Please answer the following questions to determine whether you qualify as a Parishioner or Non-parishioner and return this form with your registration packet.

- 1) _____ Have you been **registered** as a member of St. James, St. Anthony, or St. Peter Parish **for at least one year**?
Yes / No

- 2) _____ Do you regularly attend Mass at St. James, St. Anthony or St. Peter Parish?
Yes / No

- 3) _____ Do you contribute to St. James, St. Anthony or St. Peter Parish using the Sunday Offertory envelopes?
Yes / No
Envelope Number _____

Note: All of the parishes are asked to verify parishioner status.

Signed _____ Date _____

For Office Use

_____ St. James
_____ St. Anthony
_____ St. Peter