

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      | Sex   | Grade in  | New?  |
|-----------------------------|----------|----------------|-------|-----------|-------|
|                             |          | mm/dd/yy       | m/f   | 2018-2019 | Y/N   |
| Last: _____ First _____     | MI _____ | ____/____/____ | _____ | _____     | _____ |
| Last: _____ First _____     | MI _____ | ____/____/____ | _____ | _____     | _____ |
| Last: _____ First _____     | MI _____ | ____/____/____ | _____ | _____     | _____ |
| Last: _____ First _____     | MI _____ | ____/____/____ | _____ | _____     | _____ |

**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.

**\*\*PLEASE NOTE:** Irrespective of which FACTS option you have chosen, your \$200 capital improvement fee will be processed on June 22, 2018.

4. \_\_\_\_\_ We are applying for financial aid.

5. Will your tuition be paid by more than one household? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

7. \_\_\_\_\_ 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)

8. \_\_\_\_\_ 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.

9. \_\_\_\_\_ 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.

10. \_\_\_\_\_ 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 \_\_\_\_\_

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For Office Use

\_\_\_\_\_ St. James  
\_\_\_\_\_ St. Anthony  
\_\_\_\_\_ St. Peter