

OFFICE USE ONLY

Birth Cert. \_\_\_\_\_  
 Immun. Rec. \_\_\_\_\_  
 Baptism \_\_\_\_\_  
 Eucharist \_\_\_\_\_  
 Confirmation \_\_\_\_\_  
 Report Card \_\_\_\_\_



**St. James School**

1215 B Street • Davis, CA 95616  
 530-756-3946  
 sjsdavis.com

OFFICE USE ONLY

Family Name \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Application Fee \_\_\_\_\_  
 Wait listed \_\_\_\_\_  
 Approved for  
 Registration \_\_\_\_\_

## Application for Admission 2021-2022

- Transitional Kindergarten applicants must be at least four years old by September 1, 2021.
- Kindergarten applicants must be at least five years old by September 1, 2021.
- **To be considered complete, your Application for Admission must include a copy of your child's:**

<b>1. Birth Certificate</b>	<b>4. Baptismal, Eucharist, Confirmation Certificate</b> (if applicable)
<b>2. Immunization Record</b>	<b>5. Most recent Report Card</b> (if applying for Grades 1-8)
<b>3. A non-refundable \$40 Processing Fee</b> (waived for existing SJS families)	

### NEW STUDENT INFORMATION *(please print)*

*If more than one child is applying for admission, please list oldest first*

Last:	First:	MI:	Birthdate: mm/dd/yr	Sex:	Grade applying for
_____	_____	_____	____/____/____	M / F	_____
_____	_____	_____	____/____/____	M / F	_____
_____	_____	_____	____/____/____	M / F	_____

- **Please list the school your child currently attends and his/her Grade Level:**

School: _____	School: _____
City/State: _____	City/State: _____
Grade currently enrolled in: _____	Grade currently enrolled in: _____

- **Please circle your child's religion:** Catholic Other

If Catholic, please list your family's parish: \_\_\_\_\_

#### FATHER/STEPFATHER/GUARDIAN

(circle one)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

#### MOTHER/STEPMOTHER/GUARDIAN

(circle one)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_