

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 2024-2025

- Transitional Kindergarten applicants must be at least four years old by September 1, 2024.
- Kindergarten applicants must be at least five years old by September 1, 2024.
- **To be considered complete, your Application for Admission must include a copy of your child's:**

| | |
|--|--|
| 1. Birth Certificate | 4. Baptismal, Eucharist, Confirmation Certificate (if applicable) |
| 2. Immunization Record | 5. Most recent Report Card (if applying for Grades 1-8) |
| 3. A non-refundable Application Fee of \$40 per child | |

NEW STUDENT INFORMATION *(please print)*

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

| | | | Birthdate: mm/dd/yr | Sex: | Grade applying for |
|-------------|--------------|-----------|---------------------|-------|--------------------|
| Last: _____ | First: _____ | MI: _____ | ____/____/____ | M / F | _____ |
| Last: _____ | First: _____ | MI: _____ | ____/____/____ | M / F | _____ |
| Last: _____ | First: _____ | MI: _____ | ____/____/____ | 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: _____
 City: _____
 Occupation: _____
 Employer: _____
 Cell Phone: _____
 Email: _____

Signature: _____

Date: _____

MOTHER/STEPMOTHER/GUARDIAN

(circle one)

Name: _____
 Address: _____
 City: _____
 Occupation: _____
 Employer: _____
 Cell Phone: _____
 Email: _____

Signature: _____

Date: _____