

PRE-REGISTRATION QUESTIONNAIRE

DATE _____

STUDENT NAME: _____ Registering for Grade _____

FAMILY NAME: _____

ADDRESS: _____

Student lives in the _____ CITY _____ COUNTY school district (Circle One)

ARE YOU A MEMBER OF ST. JAMES CHURCH? _____

IF YES, DO YOU HAVE A CURRENT STEWARDSHIP FORM ON FILE IN THE PARISH OFFICE?

IF CATHOLIC, BUT NOT A MEMBER OF ST. JAMES, NAME OF CHURCH YOU ATTEND:

ADDRESS: _____

IS CHILD BEING RAISED A CATHOLIC? _____

HAS CHILD BEEN BAPTIZED? _____

NAME OF PARISH WHERE CHILD WAS BAPTIZED

ADDRESS _____

IF GRADE 3 OR ABOVE---HAS CHILD MADE FIRST COMMUNION? _____

NAME OF PARISH _____

ADDRESS _____

RELIGION IF NOT CATHOLIC _____

DOES CHILD RESIDE WITH BOTH PARENTS? _____

IF NO, WHOM DOES CHILD RESIDE WITH? _____

RELATIONSHIP TO CHILD _____

(MOTHER, FATHER, GRANDMOTHER, GRANDFATHER, AUNT, UNCLE, ETC)

ADDRESS _____

_____ We are active members of _____ Parish.
 _____ We are dual members of St. James Parish and _____ Parish.
 _____ We are pending membership at _____ Parish
 _____ We are Non-Catholic.

Direct Correspondence to:

Last _____	First _____	Title _____
Address _____		
City/Stat/Zip _____		
Phone Number _____	Language Spoken at Home _____	

Family/Parent Data

Mother: _____

Last Name _____ First Name _____

Middle Name _____ Title _____ Suffix _____

Familiar Name _____ Marital Status _____

Family Address _____ Individual Address _____

City/State/Zip _____ Birth Country _____

Occupation _____ Employer _____

Phone Numbers: _____ **E-Mail** _____

Home _____ Work _____

Cell _____ Pager _____

Religion _____ Membershi _____

Father: _____

Last Name _____ First Name _____

Middle Name _____ Title _____ Suffix _____

Familiar Name _____ Marital Status _____

Family Address _____ Individual Address _____

City/State/Zip _____ Birth Country _____

Occupation _____ Employer _____

Phone Numbers: _____ **E-Mail** _____

Home _____ Work _____

Cell _____ Pager _____

Religion _____ Membershi _____

Other Parent (If Applicable) Relationship _____

Last Name _____ First Name _____

Individual Address _____

City/State/Zip _____

Occupation _____ Employer _____

Phone Numbers: _____ **E-Mail** _____

Home _____ Work _____

Cell _____ Pager _____

Religion _____

Student Information

Last Name _____ First Name _____
Middle Name _____ Familiar Name _____
Proposed Grade Placement _____ School Year _____
Name of Siblings _____ Social Security Number _____ Race _____
Gender _____ Birthplace _____ Birth Country _____
Date of Birth _____ Oldest or Only Child at this _____ Destination _____
Student Resides With _____ First Language Spoken _____
Transportation _____ Language Most Often Spoken _____
Custody (if applicable) Single _____ Joint _____ Comments _____

Transfer Information

School _____ Address _____
Entered _____ Withdrew _____
Reason _____ Status _____
Address _____
Religion _____ Parish _____

Sacrament	Date	Church	City/State
Baptism	_____	_____	_____
1st Communion	_____	_____	_____
1st Reconciliation	_____	_____	_____
Confirmation	_____	_____	_____

Health Information

Physician _____ Phone _____ Hospital _____
Dentist _____ Phone _____

Name	Relationship	Emergency Numbers to Call Other Than				Pager
		Home	Work	Cell		
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Health History

Bee Allergies _____ Asthma _____ Chicken Pox _____ Migraines _____
Diabetes _____ Convulsions _____ Other _____
Regular Medications _____

Proof of Up to Date Immunization _____
Emergency Permission to Treat at _____ Emergency Permission to Treat at _____

For Office Use Only

Pre-Registration Fee _____ Records Received _____ Birth Certificate Verified _____
Baptismal Certificate Verified _____ Immunization Certificate Obtained _____
Physical Exam Certificate Obtained _____ Social Security Number _____

ST JAMES SCHOOL

AUTHORIZATION TO RELEASE STUDENT IN AN EMERGENCY

Parents,

Please list below the following information which is needed for your child's safety in the event of any emergency or disaster. Because this is vital information which will help us care for your child, this form must be completed and returned immediately.

This information is for your child's safety and care, and if not completed and returned, your child will not be released to anyone except you, the parent. Your child's safety will be maintained by staff members until all children have been picked up by the parent(s) or the person(s) authorized by the parent(s).

If at any time there are changes in the information below, please contact your child's building secretary immediately. You may contact the building secretary at 765-5587 (grades K-3) and 765-7011 (grades 4-8).

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STUDENT RELEASE FORM:

NAME OF STUDENT _____ AGE ____ GRADE ____

PARENT'S NAME _____

ADDRESS _____

PHONE NUMBERS: HOME _____ WORK (MOM) _____ CELL (MOM) _____
(DAD) _____ (DAD) _____

PLEASE LIST BELOW THE PERSONS YOU HAVE DESIGNATED OTHER THAN YOURSELF, TO PICK UP YOUR CHILD IN THE EVENT OF ANY EMERGENCY.

NAME OF PERSON	ADDRESS	PHONE: HOME	WORK	CELL
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I HAVE READ AND UNDERSTAND THE INFORMATION LISTED, AND GIVE MY PERMISSION FOR THE ABOVE TO BE PUT INTO EFFECT FOR ANY EMERGENCY SITUATION THAT MAY ARISE.

SIGNATURE

DATE

