



**Saint James
Catholic School**

**STUDENT
APPLICATION (K-8)
2019-2020**

FAITH • ACADEMIC EXCELLENCE • COMMUNITY

Revised 11/01/2018

1. Submit an Application Packet –

A completed application packet will include the following:

- Application form
- Set up FACTS Tuition Management account- www.factsmgt.com
To complete account, submit the following through FACTS
 - \$75.00 non-refundable application fee (Credited toward the student's book bill.)
 - \$25.00 non-refundable evaluation fee (Covers educational assessments.)

Copies of the following:

- Current report card
- Standardized test scores
- Individualized Education Plan (IEP) or 504 Plan (if applicable)
- State issued Birth Certificate
- Sacramental Certificates (Baptism and/or First Communion, if applicable)
- Social Security Card
- Teacher Questionnaire (K-1st) or (2nd-8th)
- KY Immunization Record with expiration date (Must be received prior to enrollment, as required by Kentucky State Law)
- Eye Exam from Optometrist or Ophthalmologist
- Physical Form (Must be administered within the last 12 months)*

****In addition, students participating in sports will need a completed sports physical on file.***

- ## 2. Family Tour –
- Interested families are encouraged to schedule a tour of our campus where you will have the opportunity to witness the spirit of Saint James Catholic School in action and discuss any personal questions you may have. Appointments can be set-up by contacting Jennifer Moran by phone at 270-765-7011 ext. 247 or email jmoran@stjames-etown.org.

Student Shadow Day – Depending on their age, interested students may shadow in a classroom for a day, meet teachers, attend classes, and get acclimated to the culture of the school. This will be scheduled upon receiving a completed application.

- ## 3. Complete a Placement Assessment –
- All student applicants will be evaluated by taking a placement assessment. This will be scheduled upon receiving a completed application.

- ## 4. Family Interview with the School Principal –
- New families are expected to meet with the school Principal prior to acceptance.

Acceptance for new students in grades K-8th is conditional upon review of records, range-of-abilities assessment, and a visit with the school principal. All admission decisions are subject to the discretion and final approval of the school principal. After the application process has been completed and evaluation results have been assessed, you will be contacted and further instructed regarding the acceptance of your child.

Welcome to Saint James Catholic School! We appreciate your interest in our Catholic School family. SJS works to inspire students to become disciples of Christ. The education students receive here will not only challenge them academically, but also provide opportunities for spiritual and moral development and teach them how to serve others in the community. We provide a foundation to help them become the best version of themselves. We look forward to working with you through the admission process to determine if SJS is the right fit for your child.

OUR MISSION

Saint James families and staff, in partnership with our priests, parish and neighboring communities, inspire our students to:

- ~Be disciples and evangelize to others who may not know Christ or His Church
 - ~ Become responsible leaders in service to others
 - ~Foster a love for life-long learning
- ~ Enter young adulthood as people of integrity, virtue and holiness

ADMISSION POLICY

Following is the priority order of admitting students:

1. Children of active parishioners who have been registered for at least a year at Saint James Catholic Church or another Catholic Church in the region and are faithful to their religious obligations supporting their parish.
 - a. Children of Saint James parishioners or a regional parish with children already enrolled at Saint James Catholic School regardless of initial grade level.
 - b. Children of a Saint James parishioner or a regional parish parishioner with no children ever enrolled.
2. Children of new parishioners, members of Saint James or a regional parish for less than a year.
3. Children of Non-Catholic families demonstrating intent and motivation in accord with the purpose of Catholic education and be in full agreement with the philosophy of Saint James Catholic School.

PARISH VERIFICATION GUIDELINES FOR THE PURPOSES OF K-8 TUITION DISCOUNT

The discounted rate for registered parishioners as defined in the Tuition Rate Schedule for 2019-2020 will be determined by the pastor of the family's registered parish and includes attending Sunday Mass on a regular basis, being active in the parish's ministries and contributing to the financial support of the parish. The Parish Verification Form will be required annually and will be the responsibility of each family to provide to Saint James Catholic School upon registration.

WAIT LIST POLICY

At times, it may be necessary for St. James to keep a waiting list for some grades. In order for a child to be placed on the waiting list there must be a completed admission application on file at the school. As a vacancy occurs in a grade, children will be admitted according to the admission policy.

SPECIAL NOTE

Incoming Kindergartners - Kentucky State Law requires children to be 5 years of age on or before August 1 to be eligible for Kindergarten.

APPLICATION FOR NEW STUDENT ADMISSION (K-8th Grade)



The schools of the Archdiocese of Louisville, to include Saint James Catholic School, will not discriminate against otherwise qualified applicants on the basis of sex, race, disability, color, nationality, or ethnic origin in the administration of their educational policies, admission policies, scholarship and loan programs and athletic or other school administered programs.

STUDENT INFORMATION

Name: _____
First Middle Last

Address: _____
Street City/State Zip

Date of Birth: ____/____/____ Place of Birth: _____ Applying for Grade: ____
Month/Day/Year City/State/Country

Social Security Number: ____ - ____ - ____ Male Female Religion: _____

First Language Child Learned to Speak: _____ Language Child Speaks Most Often: _____

Which of the following groups best describes student's race?

- American Indian or Native Alaska Asian African American
 Hispanic White Multi-Racial Native Hawaiian or Pacific Islander

Oldest/Only Child applying to SJS? Yes No

TRANSFER INFORMATION

Current/Former School: _____ Address: _____
Street City/State Zip

Entry Date: ____/____/____ Withdrawal Date: ____/____/____

Reason: (Please circle)

- 1-Completed Program 2-Moved 3-Illness 4-Parent Choice 5-Other

I give Saint James Catholic School permission to contact the current/former school for records or questions regarding my child.

Signature _____

Date _____

FAMILY INFORMATION



Child lives with: Both Parents Mother Father Stepparent Grandparent Guardian Foster

Custody (if applicable): Single (Y/N) Name: _____

Joint (Y/N) Names: _____

(Upon acceptance, copies of custody papers must be on file at Saint James Catholic School.)

Parent/Guardian *(Please circle one below):*

Mother, Father, Step-parent, Grandparent, Guardian, Foster

Parents/Guardians are: Married Separated

Divorced Single Mother Deceased

Father Deceased

Name: _____

First Middle Last (Maiden)

Home Address (if different from student):

Street City/State Zip

Country of Birth: _____ Religion: _____

Primary Phone: _____ - _____ - _____

Secondary Phone: _____ - _____ - _____

Family Email (used for school communication):

Work Email: _____

Occupation: _____

Employer: _____

Active Duty Military Yes No Branch: _____

Retired Military Yes No

Parent/Guardian *(Please circle one below):*

Mother, Father, Step-parent, Grandparent, Guardian, Foster

Parents/Guardians are: Married Separated

Divorced Single Mother Deceased

Father Deceased

Name: _____

First Middle Last (Maiden)

Home Address (if different from student):

Street City/State Zip

Country of Birth: _____ Religion: _____

Primary Phone: _____ - _____ - _____

Secondary Phone: _____ - _____ - _____

Family Email (used for school communication):

Work Email: _____

Occupation: _____

Employer: _____

Active Duty Military Yes No Branch: _____

Retired Military Yes No

Please list all children currently residing in your home:

Children(s) Names (Please print)	Age/Birthdate	Grade	Current School
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Do you reside in Hardin County School District? Yes No

Do you reside in the City of Elizabethtown School District? Yes No

EDUCATIONAL INFORMATION

Current School: _____

Address: _____ City _____ State _____ Zip _____

Has your child ever been evaluated for speech/language difficulties or learning differences by a public school system, a private agency, or a private practice professional?

No, my child has never been evaluated Yes, my child has been evaluated

Name(s) of the evaluation agency or professional: _____

Date of the most recent evaluation: _____/_____/_____
Month/Day/Year

The evaluation determined that my child has or had:

a learning disability attention deficit/hyperactivity disorder a behavioral disorder
 a speech impairment an emotional disorder developmental delay
 a language impairment

Does your child have any diagnosed LEARNING DISABILITIES? Yes No

If yes, please explain: _____

Does your child have any PHYSICAL DISABILITIES or limitations? Yes No

If yes, please explain: _____

Do you SUSPECT any disability that could impact his/her education? Yes No

Has your child been treated by a physician, psychiatrist, psychologist, or a school/private counselor? Yes No

Is your child on any type of medication? Yes (Please list below) No

Medical Concern

Name of Medication

Dosage

Has student ever repeated a grade? Yes No If yes, what grade? _____

Has student ever been suspended or expelled? Yes No

Is there additional information you would like to communicate concerning your child?

Although St. James Catholic School attempts to meet the needs of each student, we are not equipped to teach students with severe learning and physical disabilities. Please supply any pertinent, past or present, medical, social/emotional, or psychological information which may impact our ability to provide for your child's special needs. You will be contacted by the School Resource Coordinator and/or the school principal.

Printed Name of Parent or Legal Guardian

Signature

Date

SACRAMENTAL INFORMATION FOR CATHOLIC APPLICANTS

Date of Baptism	Church	City/State/Country	Zip
Date of Reconciliation Prep Program	Church	City/State/Country	Zip
Date of First Communion	Church	City/State/Country	Zip
Date of Confirmation	Church	City/State/Country	Zip

STATEMENT OF ACCURACY AND AUTHENTICITY

I have read and understand this application and I further certify that the information and attached documentation are complete and accurate to the best of my knowledge. I understand and acknowledge that Saint James Catholic School may deny admission at any time if it determines that enrollment of the child in Saint James Catholic School would not be appropriate. I also understand and acknowledge that Saint James Catholic School may terminate enrollment at any time if it determines that continued enrollment would be inconsistent with the mission of Saint James Catholic School.

Printed Name of Parent or Legal Guardian

Signature

Date