

For Office Use Only

TUITION AMOUNT PAID \$ _____
Check # _____ Cash _____
DATE _____

**ST. JAMES SCHOOL OF RELIGION
RE-REGISTRATION FORM**

(Registration Date _____)

Public School _____ Grade _____ Rel. Ed _____ Registered _____
(September) _____ (September) _____ Grade _____ Parish _____

PUPIL _____ Age _____ Sex _____
(Last) (First) (Middle Name)

ADDRESS _____ CITY _____ ZIP _____

HOME TELEPHONE # _____ DAYTIME EMERGENCY # _____

WORK TELEPHONE # _____ EVENING EMERGENCY # _____

PARENT'S EMAIL ADDRESS _____

Please check if your child qualifies for any of the following:

Special Education _____ Learning Disability _____
(please specify) (please specify)

Vision Impairment _____ Hearing Impairment _____ Allergies _____
(please specify)

Comments _____

I will volunteer my time to help with the Religious Education Program.
(Check area of interest - and specify grade preferred - 1 through 8)

Monday _____ Monday _____ Thursday _____
Afternoon _____ Evening _____ Evening _____

Teacher _____ Teacher Assistant _____ Tutoring Small Group _____ Substitute _____

Hall Monitor Monday & Thurs. Eves. _____ Office Help _____ (Holy Childhood, Typing
or Phone Calls for Absentees)

Home baking _____ Hospitality Committee _____ (set-up and/or clean-up)
(ex. Confirmation, Communion, End of Year)

6th, 7th & 8th grades meet Monday Eves. from 7:00 to 8:30 (There are no options for grades 6 through 8)
 If space permits, please indicate your preference of Religious Education session for grades 1 - 5:

Monday Afternoon _____ Thursday Evening _____
 (4:00 to 5:15 pm) (6:15 to 7:30 pm)

Please complete the following, only if any of the information has changed since last year.

	Name	Occupation	Religion	Date of Death
Mother (First & Maiden)				
Father				
Guardian (other than parent)				

If living with a guardian, the relationship of the guardian to the child: _____

Home Situation: Parents Married () Separated () Divorced ()

Father Remarried () Mother Remarried () One Parent ()

Child resides with _____

Parental Rights (in the event of separation or divorce) _____

PLEASE MAKE CHECKS PAYABLE TO ST. JAMES PARISH. IT IS OUR POLICY THAT SINCE YOU WILL HAVE FIVE (5) MONTHS BEFORE THE SCHOOL YEAR BEGINS, YOUR CHILD WILL NOT BE PLACED IN NEXT YEAR'S CLASS UNTIL YOU EITHER PAY IN FULL OR NOTIFY US IN WRITING AS TO YOUR PAYMENT PLANS. YOUR TUITION IS EXPECTED TO BE PAID IN FULL BY SEPTEMBER. THANK YOU.

Parent's Signature _____ Date _____