

APPLICATION FOR ADMISSIONS



5501 N. State Line Avenue
Texarkana, Texas 75503
903-793-5554
stjamesdayschool.org



Date of Application _____

Applying for Grade _____ For Academic Year 20____ to 20____ 3 Day ____ 5 Day____ (If applying for Primary I or Primary II)

Full Name of Applicant _____ Date of Birth _____

Child called by what name? _____ Gender _____ Place of birth _____

Applicant's Address _____
Street City State

I. FAMILY INFORMATION

Parent/legal guardian name _____ Relationship _____ Address _____ Occupation _____ Employed by _____ Home Phone _____ Cell Phone _____ Work Phone _____ Email _____ College(s) Attended _____

Parents/Guardians are Married _____ Single _____ Separated _____ Divorced _____ Widowed _____ Other _____

Applicant lives with (Please check all that apply) Father _____ Mother _____ Stepfather _____ Stepmother _____

Other (name) _____ Relationship _____

If parents are divorced or separated, who is the custodial parent? _____

Person(s) responsible for tuition and fees _____ Languages other than English spoken at home _____

Please list names and ages of applicant's brothers and sisters _____

II. GRANDPARENTS

Paternal grandparents: Name _____

Address _____

Street City State Zip Code

Phone () _____ E-Mail Address (write clearly please)* _____

Maternal grandparents: Name _____

Address _____

Street City State Zip Code

Phone () _____ E-Mail Address (write clearly please)* _____

III. SCHOOL INFORMATION

Applicant's present school _____ Last grade completed _____

School address _____
Street City State Zip Code

IV. PERSONAL INFORMATION

Are there any limitations or conditions which might interfere with the applicant's full participation in all aspects of school life of which the School should be aware? _____

Does the applicant have any siblings currently attending the School? Please name _____

Are the parents parishioners of St. James Episcopal Church? _____ If not, what religious affiliation is the family? _____

Is either parent an alumnus of the School? _____ Year graduated _____

V. OTHER INFORMATION

How did you become interested in St. James Day School? _____

Why are you interested in sending your child to St. James Day School, and what are your expectations for your child's school experience?

Choose five adjectives to describe your child _____

Describe your child's strengths _____

Are there any areas in which your child might need additional support? _____

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

ST. JAMES DAY SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, CREED, NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS ADMISSIONS AND EDUCATIONAL POLICIES, SCHOLARSHIP AND LOAN PROGRAMS, AND ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS.

If a student is accepted and enrolled, the parents agree to abide by all financial, academic and disciplinary policies of the School.

PLEASE SUBMIT THIS APPLICATION, WITH THE \$100 NON-REFUNDABLE APPLICATION FEE, TO THE SCHOOL OFFICE. THIS FEE INCLUDES THE COST OF ADMISSIONS TESTING.

FOR OFFICE USE ONLY:

Amount Received: _____

Date Received: _____

Check Number: _____

Received By _____