



**Saint James the Apostle School**  
 41 South Springfield Avenue, Springfield NJ, 07081  
 Phone: 973-376-5194  
[www.sjspringfield.org](http://www.sjspringfield.org)  
 email: sjschool@sjspringfield.org

## REGISTRATION FORM

*It is the expectation of Saint James the Apostle School that all children enrolled will continue to graduation.*

Grade Entering \_\_\_\_\_ Parishioner \_\_\_\_\_ Non-Parishioner \_\_\_\_\_

**PreK 3 /PreK4**

(Circle one)

**3 HALF DAYS (M-W-F)** \_\_\_\_\_ **5 HALF DAYS** \_\_\_\_\_ **5 FULL DAYS** \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle Telephone

Date of Birth \_\_\_\_\_  
Street City Zip Place of Birth Sex

Father's Name \_\_\_\_\_

Father's Address (if different from student) \_\_\_\_\_

Contact Number \_\_\_\_\_  
Street City Zip

Name of Company \_\_\_\_\_

Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Address (if different from student) \_\_\_\_\_

Contact Number \_\_\_\_\_  
Street City Zip

Name of Company \_\_\_\_\_

Occupation \_\_\_\_\_

Family e-mail address \_\_\_\_\_

Please Print

Child living w/both parents \_\_\_\_\_ Child living w/Mother \_\_\_\_\_ Child living w/Father \_\_\_\_\_ Child living w/Guardian \_\_\_\_\_

Legal Guardian(s) of Student \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_  
Street City Zip

We hope to meet the needs of our students as best we can. Please provide us with any pertinent information which would be helpful to us. For example: chronic illness, participation in counseling, evaluation by school psychologist, court orders (MUST be submitted to office) or special services. This will remain confidential.

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Please list school currently attending. (New Students ONLY)

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School

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Street City State Zip

**ARCHDIOCESAN STUDENT ETHNICITY, RACE AND RELIGION CENSUS SURVEY**

Ethnicity (check one)	Race (check one)	Religion (check one)
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaii/Pac Island <input type="checkbox"/> White	<input type="checkbox"/> Catholic * <input type="checkbox"/> Non-Catholic  * Parish or Church Affiliation <hr/> <hr/>

Please state your reason(s) for choosing Saint James the Apostle and how you heard of our school.

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Signature of Parent / Guardian

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Date

A **NON-REFUNDABLE** registration fee must accompany this form.

PreK-3 & PreK-4: \$175.00 per child  
 Grades K – 8: \$275.00 per family – includes technology fee

FOR OFFICE USE ONLY		
Check # / Receipt #	AMOUNT	DATE
OFFICE SIGNATURE	DATE	