



St. James Academy
Student Application for Enrollment
Transitional Kindergarten - 8th Grade
 623 South Nardo Avenue, Solana Beach CA 92075
 Phone: 858.755.1777 Fax: 858.755-3124
 website: www.saintjamesacademy.com

Note: Applicants for Kindergarten must be 5 years old by September 1st of the year they will attend

Date of Application: _____

STUDENT INFORMATION			
Student Name (First and Last):			
Date of Birth:	Place of Birth:	U.S Citizen: Yes No	
Desired Enrollment Year:	Grade Applying For:	Sex: Male Female	
Religion:		Parish:	
Student Lives With:	Both Parents (same address)	Both Parents (shared custody)	Mother Only Father Only
Other (please specify): _____			
MOTHER/PARENT 1 INFORMATION			
First and Last Name:		Home Phone:	
Home Address:		City:	Zip:
Cell Phone:		Email:	
Occupation:		Employer:	
Work Phone:	Religion:	U.S. Citizen: Yes No	
FATHER/PARENT 2 INFORMATION			
First and Last Name:		Occupation:	
Home Address:		City:	Zip:
Cell Phone:		Email:	
Occupation:		Employer:	
Work Phone:	Religion:	U.S. Citizen: Yes No	
FAMILY PARISH INFORMATION			
Please check one:			
Registered member of St. James Parish			
Registered member of another Catholic parish. Please specify parish: _____			
Non-Catholic. Please specify religious affiliation, if applicable: _____			
SACRAMENTAL HISTORY OF STUDENT			
Church of Baptism:	City/State:	Date:	
Church of First Reconciliation:	City/State:.	Date:	
Church of First Communion:	City/State:	Date:	

Please complete other side of form

STUDENT BACKGROUND			
What school does student currently attend?			
Address:	City	State	Zip
<i>All new students are accepted on a probationary basis.</i>			
By including your child's current teacher, you are giving SJA permission to contact the teacher:			
Teacher's Name & email: _____		School Phone Number: _____	
Guidance Information (Check Yes or No)			
Has your child previously been in a program for gifted learners?	Yes	No	
Has your child ever skipped a grade? If yes, which grade?	Yes	No	
Has your child ever had to repeat a grade? If yes, which grade?	Yes	No	
Has your child previously been in a speech program?	Yes	No	
Does your child have a learning disability? Please explain:	Yes	No	
Does your child have a physical disability? Please explain:	Yes	No	
Does your child have an IEP? Please explain:	Yes	No	
Has your child ever been, or is currently, subject to probation, suspension, or dismissal from another school? If yes, please explain:	Yes	No	
Medical History (Check Yes or No)			
Allergies If yes, specify:	Yes	No	Emotional Illness Yes No
Attention Deficit Disorder (ADD or ADHD)	Yes	No	Hearing Difficulty Yes No
Bone or Joint Illness	Yes	No	Speech Difficulty Yes No
Convulsions or Fainting	Yes	No	Visual Difficulty Yes No
Diabetes	Yes	No	Other (specify): Yes No
Wears eyeglasses	Yes	No	
GENERAL INFORMATION			
Please list other children in your family currently attending St. James Academy:			
Name/Grade:	Name/Grade:	Name/Grade:	
Please list any family members who are St. James alumnus and year(s) of graduation:			
How did you hear about Saint James Academy?			

Please carefully complete all information and with your submission, be sure to include the following:

1. Copy of child's birth certificate
2. Copy of child's baptismal certificate, if applicable
3. Copy of child's immunization card
4. Last 3 Report Cards
5. Last 3 Standardized tests

Please mail, email or fax your documents to the following:

St. James Academy
 623 S. Nardo Avenue
 Solana Beach, CA 92075
 Fax: 858-755-3124
 Email: ajohnson@saintjamesacademy.com and
Shanna@saintjamesacademy.com

Once received, Susan Hanna, Director of Admissions & Development, will be in contact to schedule a tour