



Saint James
Episcopal School

9845 McCree Road, Dallas, Texas 75010 Phone: (214) 348-1349

Application for Enrollment

Applicant Information

Child's Name _____
Last First Middle (Preferred Name)

Gender: Male Female Age: _____ Date of Birth ____/____/____
Day Month Year

Program you are interested in: Toddler Primary

For Toddler and Primary applicants, are you interested in the half-day or full day program?

Half Day Full Day Undecided

Does the applicant have siblings attending St. James Episcopal School? Yes No

If yes, current St. James student(s) _____

Are child's parents currently parishioners at St. James Episcopal Church? Yes No

If yes, members since: _____ Pledge number: _____

Schools attended in the past three years including pre-schools and daycare:

| <u>School Name</u> | <u>Grade</u> | <u>City and State</u> | <u>Dates Attended</u> |
|--------------------|--------------|-----------------------|-----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Has your son/daughter ever been dismissed from any school? Yes No

Has diagnostic testing been recommended? Yes No By Whom? _____

If Yes, was diagnostic testing completed? Yes No Date Completed _____

A COPY OF THE TEST RESULTS MUST ACCOMPANY THIS APPLICATION

Family Information

Mother/Guardian

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Father/Guardian

Name _____

Address _____
(if different than Mother)

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Parent Questionnaire

1. What factors contributed to the decision to apply to St. James Episcopal School?
2. Please indicate what your plans are for your child's tenure at St. James (e.g. our child will attend St. James for all grades Toddler through Kindergarten)
3. What words or phrases come to mind when describing your child?

