

St. James Episcopal School

New Student

Application for Admission

**9845 McCree Road
Dallas, Texas 75238
Phone: 214-348-1349**

When does registration begin?

Applications should be returned to the school office with a **nonrefundable** \$50 application fee. First grade applicants must be six years of age by September 1 of the year in which they are to enter first grade.

How can tuition be paid?

The School Board has elected to offer three methods of payment for tuition. You may choose to pay the tuition for the entire year, one semester at a time, or in 11 monthly installments. If you choose to pay by the month, your first payment is due in May, and the remaining 11 payments through April. Monthly payments are administered through FACTS tuition management plan.

Is financial aid available at St. James?

Financial aid is available, please contact the school office for details.

After-School Program

Extended day care is available to any St. James student. Before- and after-school care is provided Monday through Friday during the regular school year. The program is open from 7:30 a.m. and ends at 6:00 p.m. Extended care is not provided for Thanksgiving, Christmas, Spring Break, Easter and other school holidays.

School Hours

Toddler (morning) 8:30 a.m. - 12:00 p.m.

Primary - Kindergarten (morning) 8:15 a.m. - 12:00 p.m.

All Day Toddler 8:30 a.m. - 3:15 p.m.

All Day Primary - Kindergarten through 4th Grade 8:15 a.m. - 3:15 p.m.

Before- and After-School Care Hours

Before School 7:30-8:15 a.m.

After School 3:15-6:00 p.m.

Office Hours

7:30 a.m.-3:30 p.m.

St. James Episcopal School
New Student

For Academic Year Beginning _____

Applying for Grade _____ Birthdate _____ If Primary or Toddler, indicate
half-day ____ or full day ____

Application Information

Full name of applicant _____
Last First Middle (Preferred Name)

Telephone _____ Home Address _____
Street and Number

_____ *City State Zip Code*

Family Information

Father

Mother

Name _____

Name _____

Home Address _____
If different from applicant

Home Address _____
If different from applicant

Telephone _____

Telephone _____

Occupation _____

Occupation _____

Business Telephone _____

Business Telephone _____

Pager Number/Cell Phone _____

Pager Number/Cell Phone _____

Check if appropriate:

- Parents separated* Father deceased
- Parents divorced * Mother remarried
- Mother deceased Father remarried

Applicant lives with:

- Mother & Father Legal Guardian
- Mother Stepmother
- Father Stepfather

*If parents are divorced or separated, to whom should admission correspondence be sent? _____

*Do both parents want to be on the mailing list? Yes No

Allergies, special conditions, or medications _____

Family Information (Continued)

Does the applicant have siblings attending St. James Episcopal School this year?

Yes No

Please list the names of the siblings below

Name	Age	Current School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Church Affiliation

Denomination _____ Church Name _____

Ethnicity

Caucasian African American Asian Hispanic Other

Financial Aid

Do you intend to apply for financial aid? Yes No

Forms are available through the school office.

Neighborhood School

What is the name of the elementary school in your neighborhood? _____

Previous schools, including pre-schools and daycare:

Name of School	City and State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

St. James Episcopal School is a co-educational school and does not discriminate on the basis of race, religion, national, or ethnic origin in the administration of its admission, financial aid, or educational policies.

Parent Questionnaire

Instructions for Parents: *Whenever possible, we ask that both parents participate in preparing this form. By responding fully and objectively, you will help us to be better informed about your child and, thus, better equipped to assess his/her candidacy.*

Applicant's Name _____
Last First Middle

Applying for grade _____ School Year _____

Name of person(s) completing this form _____

Relationship to applicant _____

1. What factors contributed to the decision to apply to St. James Episcopal School?

2. What words or phrases come to mind when describing your child?

3. Please comment on what you consider to be your child's greatest strengths.

4. Please comment on what you consider to be your child's greatest area of need.

5. Describe your child's relationship with his/her family.

6. Describe your child's relationship with his/her peers.

7. What are your son's/daughter's special interests and extracurricular activities?

8. What is your son's/daughter's native language? _____

If other than English, at what age was English introduced in the home? _____

To what extent are other languages spoken in the home?

9. In order to assist us with our daily academic and fine arts programs, describe any condition that might affect your child's participation.

10. Has your son/daughter ever skipped a grade?

Yes No If yes, what grade? _____

11. Has your son/daughter ever repeated a grade?

Yes No If yes, what grade? _____

12. Has your son/daughter ever been dismissed from any school?

Yes No If yes, what grade? _____

If yes, please describe briefly the nature of the situation.

13. Has your child had any educational, psychological or medical testing?

Yes No

If yes, please describe briefly the nature of the situation.

14. Please feel free to make any additional comments which provide further insight about your child.

Please note: Because of the restrictions of our licensing agencies, 3-year-olds entering the Primary Class must be toilet trained.

I understand that withholding or misrepresenting information requested in the questionnaire may jeopardize admission or enrollment at St. James Episcopal School. My signature below indicates that all the information contained in this questionnaire is correct, complete, and honestly presented.

Signature of parent or guardian *Date*

Signature of parent or guardian *Date*

Reminder: Please mail this form to St. James Episcopal School. Thank you for your assistance in providing us with this information.

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Names and phone number(s) of persons to contact if child becomes ill at school and parents cannot be reached:

Name _____ Phone _____

Address _____
Street City Zip

Name _____ Phone _____

Address _____
Street City Zip

Name _____ Phone _____

Address _____
Street City Zip

Application Checklist

The following checklist is provided to assist you in managing the application process.

- Application form with recent picture attached, along with a \$50 application fee
- Parent and student interview with Head of School and tour of school
- Updated immunization record with doctor's signature
- Birth Certificate
- Transcript (Elementary Grades)
- Teacher Evaluation (Elementary Grades)
- Standardized Testing (Elementary Grades)
- Classroom visit by student (Elementary Grades)

No information submitted to St. James Episcopal School for admission
will be returned to the applicant