

Thank you for applying to be a part of our St. James School community

For your student's application to be reviewed we need: A fully completed paper application with all sections answered, your student's most recent report card and documentation of all income for the household(s) in which the child resides.

Basic Information

Student Name:		Preferred Name:		Gender: 🗌 🛚	∧ 🗌 F
Date Application is being s	ubmitted:	Grade Applying for:	4 5	6 7 8	
Street Address:		City:	State:	Zip Code:	
Date of Birth:	Present Age:	Religious Affiliation:	١	lame of Place of worship:	
Ethnic Background Select African American Multiple ethnicities Home Life	all that apply Hispanic/Latinx Prefer not to] Caucasian	☐ Native American	
With whom does your student live? Select all that apply □ Lives with both parents, parents are married or live together □ Lives with both parents, but parents do not live together □ Lives with mom only □ Lives with dad only □ Lives with legal guardian other than parent □ Lives with an adult, other than parent, who is not the legal guardian □ Lives in foster care					
	G	uardian 1		Guardian 2	
Name					
Relation to Student					
Address if different from	student				
Occupation					
Employer					
Cell phone number					
Email address					
Highest level of educatio	n achieved				
How long has the student l	ived in current home	? Who is the gu	ardian the stu	dent lives with?	
If you share custody, how	much time does your	child spend at each residence	ce?		
What is the primary language spoken in your home? 🗌 English 🗌 Spanish 🔲 Other					
Does your student have computer access at home? 🗌 Yes 🗌 No 📄 Sometimes					
Does your students have internet access at home? 🗌 Yes 🗌 No 📄 Sometimes					

Please share the names of additional students (0-17) and adults (17+) living with the student. If your student has multiple addresses please note which children and adults live at each location:

Child Name	Age (0-17)	Relationship to Student	School Name
Adult Name	Age (18+)	Relationship to Student	Occupation

School History and Health

List all of the schools your child has attended, beginning with the first school.

School Name	Grade(s)	Reason for leaving

Has your student even repeated a grade?	Yes] No	If yes, please explain
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Has your student ever been expelled? Yes No How many times? Please explain
Has your student even been suspended? Yes No How many times? Please explain
Has your student ever been evaluated for and IEP? 🗌 Yes 🗌 No If yes, please explain
Does your current currently have an IEP? 🗌 Yes 🗌 No If yes, what is their classification?
IEPs must be shared with the school for students to be admitted
If your student has 504 plan currently, what is their classification?
504 plan must be shared with the school for students to be admitted
Has your student even been evaluated for psychological/emotional needs? 🔲 Yes 📄 No 🛛 If yes, please explain
Is your student presently enrolled in special education programming? 🗌 Yes 📄 No
Is your student currently attending counseling or therapy? 🗌 At school 📄 Outside of school 📄 No
Does your student suffer from allergies? 🗌 Yes 🗌 No 🛛 Please list allergies
Does your student require medication or an Epipen? 🗌 Yes 🗌 No 🤉 Please list medications
Does your student suffer from any serious illness, disability, physical or emotional limitation, depression or other mental illness? Yes No Please explain
Does your student have hyperactivity, ADD or ADHD? 🗌 Yes 🗌 No
Does your student currently take medication? 🗌 Yes 🗌 No
How many days has your student been absent from school in their past school year?
How many times has your student been tardy in their past school year?

Statements

Student Statement: This response needs to be written by the student applicant. Why do you wish to attend St. James School? What are you looking for in a new school?

Parent Statement: Why do you wish for your student to attend St. James School? What are you looking for in a school for your child?

Please describe any **circumstances** that have impacted your **student's performance in school** - this may be illness, family circumstances, learning difficulties, or trauma.

What activities, hobbies, clubs or sports does your student currently participate in?

How did you hear about St. James School? Check all that apply	
Current student/family (Name:)	Facebook
Saw a flyer (Where?)	Through a St. James staff member
Graduate and/or their family (Name)	My own research
□ Walked past the school	Through the Church of St. James the Less
Other:	

Financial Information

Please submit documentation of any income you circled yes for.

Family Commitments

The families of St. James students worked together with the school team to develop a list of the top 10 habits of successful learners. Please check **Yes** beside each habit if you agree to and accept these expectations.

- 1.) My child will get 9 hours of sleep each night.
- 2.) My child will arrive at school on time (7:50 AM) and in full uniform daily. \Box Yes
- 3.) We will call the front desk by 8:00 AM if our child will be late, or absent.
- 4.) We will check the family communication folder (blue folder) every Monday evening.
- 5.) We will attend Family Teacher Conferences through the year. \Box Yes
- 6.) We will participate in the community by volunteering at >3 Family Service Days per year.
- 7.) We will attend monthly Family Guardian Association meetings.
- 8.) We will check that our child will complete their homework nightly, and reads at home.
- 9.) We will participate in the \$30 a month family fee. \Box Yes
- 10.) We will monitor our child's screen time at home (video games, social media, and internet).

Additional Expectations

Please initial beside each note indicating you understand and agree to the following:

- 1.) I understand that to finish my application, my child must attend the mandatory two-week summer camp program in July 2020 at St. James School. The 2020 dates are July 1-10. 🗌 Yes
- 2.) I understand that part of my student's acceptance is attending mandatory summer programming each year during July. 🗌 Yes

3.) I understand that SJS 4 th graders dismiss at 3:15 Monday - Friday and that 5-8 th graders dismiss at 3:15, 4:15 or 5:00.] Yes
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- 4.) I understand that St. James does not have a special education program. 🗌 Yes
- 5.) I understand that my family must be eligible for free and reduced lunch to be admitted to St. James School.
- 6.) I understand that St. James has a no bullying and no fighting policy.

I wish to fully cooperate with the rules and policies of St. James School if my child is accepted.

Parent/Guardian Signature _____ Date:

Parent/Guardian Signature_____ Date:

St. James School Policy of Non-Discrimination

St. James School admits students of any gender, race, color, nationality, and religion to all rights, privileges, programs and activities generally accorded to made available at school. St. James School does not discriminate on basis of gender, race, color, nationality or religion in the administration of its educational policies and school administered programs.

Next Steps

After submitting this paper application, the student's most recent report card and documentation of household income are required for the application to be reviewed. The next step after this will be to provide proof of address and 2 letters of recommendation.

Please do not hesitate to contact Sarah Carroll, Director of School Culture, with any questions or concerns. Sarah Carroll: 215-226-1276 ex. 105 | scarroll@stjamesphila.org