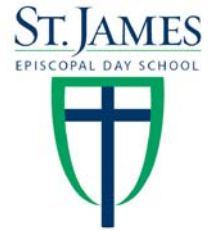


# ST. JAMES EPISCOPAL DAY SCHOOL



## PARENTS QUESTIONNAIRE

*Parents or Guardians: Your comments about your child are important to us. Please complete the following questionnaire. All information will be regarded as confidential.*

Applicant's Name \_\_\_\_\_

Name of person(s) completing this form \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Applying to Grade \_\_\_\_\_

What factors contributed to the decision to apply to St. James?

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

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

What do you hope your child will gain by attending St. James?

What are your child's activities and interest?

Has your child ever had an educational, psychological, or neurological evaluation? If so, when and by whom? Is your child on medication? If so, what kind? Is your child currently in speech or physical therapy? If so, what kind?

Is there any health situation that might interfere with the normal performance of regular St. James classes or physical education activities? If yes, please explain.

**If applying for pre-kindergarten or kindergarten:** Is your child potty trained?  Yes  No

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Parent or Guardian Signature

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Date

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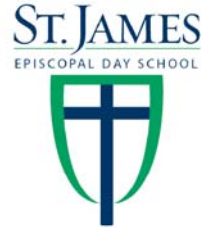
Parent or Guardian Signature

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Date

*Please return this form to:*  
**St. James Episcopal Day School**  
P.O. Box 3011, Baton Rouge, LA 70821  
225-344-0805 Fax: 225-343-4873  
[www.stjameseds.org](http://www.stjameseds.org)

**ADMISSIONS APPLICATION**



Date of Application \_\_\_\_\_

Applying for Academic Year \_\_\_\_\_ - \_\_\_\_\_

Applying for Grade \_\_\_\_\_

**Please attach a current photo of the applicant and a copy of the birth certificate.**

*Please Print*

Student's Full Name \_\_\_\_\_

Last Name

First Name

Middle Name

Preferred Name

Birth Date \_\_\_\_\_  Male  Female Social Security Number \_\_\_\_\_

Mailing Address for Parents (or Persons with whom the applicant resides):

Mr./Mrs./Ms./ Dr. \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Relationship of persons listed above to applicant:

Mother  Father  Stepparent  Other \_\_\_\_\_

Please check the appropriate space if any of the following apply:

The applicant's parents are:  Separated  Divorced

The applicant's \_\_\_\_\_ Father \_\_\_\_\_ Mother is deceased

To whom and to what address should bills be sent? \_\_\_\_\_

Parent Information:

Father

Mother

Full Name \_\_\_\_\_

Education \_\_\_\_\_

Occupation \_\_\_\_\_

Company \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Please list applicant's siblings:**

Name (First and Last)	Birthdate	School Attending
Name (First and Last)	Birthdate	School Attending
Name (First and Last)	Birthdate	School Attending

**Relatives who have attended St. James:**

NAME	RELATIONSHIP	DATES ATTENDED	GRADES ATTENDED

**Student's Religious Denomination** \_\_\_\_\_

**Name and Address of Grandparents**

PATERNAL GRANDPARENTS		MATERNAL GRANDPARENTS	
Name _____	Address _____	Name _____	Address _____
Home Telephone _____		Home Telephone _____	

**School information:**

Student's Present School \_\_\_\_\_

Address \_\_\_\_\_

Head of School \_\_\_\_\_

Telephone \_\_\_\_\_

Other than the present school, please list the schools attended by the student during the last three years:

SCHOOL YEAR(S)	SCHOOL NAME	ADDRESS

How did you hear about St. James? \_\_\_\_\_

What families do you know at St. James? \_\_\_\_\_

<p><b>Financial Aid</b></p> <p>Are you interested in applying for financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Financial aid materials will be mailed to accepted candidates.</p>
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**Application Fee:**

I have enclosed the \$50.00 non-refundable application fee.

<p><i>Please return this form to:</i></p> <p><b>St. James Episcopal Day School</b>  P.O. Box 3011  Baton Rouge, LA 70821  225-344-0805  Fax: 225-343-4873  www.stjameseds.org</p>
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Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_