

St. James the Greater School  
Student Enrollment Form

School Year: \_\_\_\_\_  New or  Current Student Grade in which to enroll: \_\_\_\_\_

First Name: \_\_\_\_\_ Mid Init: \_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Family Last Name: \_\_\_\_\_

Social Security Num: \_\_\_\_\_ Birth date: \_\_\_\_\_

Male  Female Catholic  Yes  No City & State of Birth: \_\_\_\_\_

Lives With:  Both Parents  Mother  Father  Mother/Stepfather  Father/Stepmother  Grandparents  
Other \_\_\_\_\_

Federal guidelines require us to record the Race/Ethnicity of every child. You must answer the following question and then indicate your race. Hispanic is considered an ethnicity and not a racial group. If you are of Hispanic ethnicity, you must also select a racial group.

Are you Hispanic/Latino or of Spanish origin?  Yes  No

Select one or more from the following racial groups:

American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Pacific Islander  White

Previous School Attended: \_\_\_\_\_

Public School & District Area: \_\_\_\_\_

**Medical Info**

Medications this student takes: \_\_\_\_\_

\_\_\_\_\_

List any Health Problems for this student here: \_\_\_\_\_

\_\_\_\_\_

List any Allergies for this student: \_\_\_\_\_

May we dispense Tylenol/Advil to this student? Check \_\_\_\_ Yes or \_\_\_\_ No

**Comments:** Enter any additional comments about this student here.

\_\_\_\_\_

\_\_\_\_\_

If the student is Catholic, enter the following information if you have not previously submitted it.

**Baptism**

Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

**First Reconciliation**

Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

**First Communion**

Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_

**Confirmation**

Date: \_\_\_\_\_ Parish & Location: \_\_\_\_\_