



## Application for Admission

### CANDIDATE INFORMATION

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

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

Applying for \_\_\_\_\_ Grade for the \_\_\_\_\_ School Year.

\$50.00 Non-Refundable Application Processing Fee Included

Check# \_\_\_\_\_ Cash \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

I.  Ms.  Mrs.  Mr.  Dr.  Prof.  Other \_\_\_\_\_

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

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

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

Are you a St. James Alumnus?  Yes  No If "Yes," what year did you graduate? \_\_\_\_\_

II.  Ms.  Mrs.  Mr.  Dr.  Prof.  Other \_\_\_\_\_

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

Home Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation/Title \_\_\_\_\_

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

Are you a St. James Alumnus?  Yes  No If "Yes," what year did you graduate? \_\_\_\_\_

**SIBLINGS**

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

How were you referred to St. James Episcopal School?

\_\_\_\_\_

**CANDIDATE INFORMATION**

Please list any outstanding awards or honors your child has received from schools or organizations.

\_\_\_\_\_

\_\_\_\_\_

What activities does he/she prefer?

\_\_\_\_\_

\_\_\_\_\_

Does your child willingly read each day? \_\_\_\_\_ For how many minutes? \_\_\_\_\_

Please list his/her last several completed books.

\_\_\_\_\_

\_\_\_\_\_

Please check any of the following that apply to the applicant:

- Currently has siblings enrolled
- Was previously enrolled at St. James
- Is the child of clergy/staff of Church of the Good Shepherd or St. James Episcopal School
- Is the child or grandchild of a Good Shepherd Parishioner
- Is the child, sibling or grandchild of a St. James Alumna/Alumnus
- Has a parent who is an active member of another area Episcopalian congregation
- Has moved to the Corpus Christi area during the last year and whose family had active membership in an Episcopal congregation in the former community
- Was in the admissions waiting pool last year
- Is the child of Episcopal Clergy

In order to best serve your family, we would like you to share as much information about your child as possible.

Has your child had tutoring support or therapy of any kind? Yes No

If yes, please explain.

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Has your child ever received an educational/psychological evaluation? Yes No

If yes, what issue was being addressed? When was the test administered (date)?

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Are there any medical, psychological or behavioral situations that might affect your child's performance in school?

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A \$50 non-refundable application fee must accompany this application. Submission of a completed application file does not indicate acceptance. A scholar is only enrolled after acceptance, the return of a properly signed enrollment agreement with accompanying fees, and the submission of current health records.

My signature below indicates that all the information provided on this application is correct, complete, and honestly presented.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

*St. James Episcopal School admits scholars without regard to race, sex, color, religion, or national or ethnic origin in the administration of the admission and education policies, financial aid programs, employment practices, and other school administered programs.*