



**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 _____ Date Rcv'd _____

PARENT/GUARDIAN INFORMATION

I. Ms. Mrs. Mr. Dr. Prof. Other _____

Name _____ Relationship to Applicant _____

Home Address _____

City, State, Zip _____ Phone _____

Email Address _____

Employer _____ Occupation/Title _____

II. Ms. Mrs. Mr. Dr. Prof. Other _____

Name _____ Relationship to Applicant _____

Home Address _____

City, State, Zip _____ Phone _____

Email Address _____

Employer _____ Occupation/Title _____

SIBLINGS

Name _____ Age _____ Current School _____

Name _____ Age _____ Current School _____

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How were you referred to St. James Episcopal School?

CANDIDATE INFORMATION

In order to best serve your family, please share as much information about your child as possible.

What activities/sports does he/she prefer?

Does your child willingly read each day? _____ For how many minutes? _____
Please list his/her last several completed books.

Has your child ever received an educational/psychological evaluation? Yes No
If yes, what issue was being addressed? Please provide a copy of the evaluation report.

Has your child had tutoring support or therapy of any kind? Yes No If yes, please explain.

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

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

- Was previously enrolled at St. James
- Was in the admissions waiting pool last year
- Is the child of Episcopal Clergy
- 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 or grandchild of a St. James Alumna/Alumnus
If so, name of alum and year left St. James _____
- 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 family had an active membership in an Episcopal congregation in the former community

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

Signature of Parent/Guardian _____ Date _____

A \$50 non-refundable application fee must accompany this application. Submission of an application 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.

St. James Episcopal School celebrates and welcomes a diverse population. We recognize that diversity encompasses differences in gender, race, religion, ethnicity, physical and academic abilities, family composition, and socioeconomic circumstances. St. James does not discriminate on the basis of race, sex, color, religion, or national or ethnic origin in the administration of the admission and educational policies, scholarship and financial aid programs, employment practices, and/or other school administered programs generally made available at the School.