



137 Roseberry Street  
Phillipsburg, NJ 08865

PHONE: 908-859-1244  
FAX: 908-859-1202  
WEB: www.sspjnj.org  
EMAIL: socci.tina@spsj.org

# APPLICATION FOR ENROLLMENT

Welcome to our application process. We would love your children to join us!

Date of Application: \_\_\_\_\_  
Enrollment Fee: \_\_\_\_\_  
Registered: \_\_\_\_\_

Applying for Grade \_\_\_\_\_ PK 2YR PK 3YR PK 4YR (Circle One) 5 Full days 3 Full days 5 Mornings 3 Mornings  
Choose a session

Student Name: \_\_\_\_\_  
Last First Middle

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

Home Phone: \_\_\_\_\_ Gender: (Circle) Male or Female Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizen: (Circle One) Yes or No

Ethnicity: \_\_\_\_\_ Race: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone—Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_ Religion: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone—Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Does your child have a learning disability or any other condition (including allergies) that will require accommodations? (Circle) Yes or No If yes, please explain: \_\_\_\_\_

*SSPJ will make reasonable accommodations for students with special needs. We reserve the right to dismiss a student if conditions develop that we cannot accommodate. It is our mission to ensure each student profits from the education we provide.*

Number of Siblings: \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters

Number of Siblings attending SSPJ School: \_\_\_\_\_ Brothers \_\_\_\_\_ Sisters

Please list names, ages and grades:

1. \_\_\_\_\_  
Name Age Grade
2. \_\_\_\_\_  
Name Age Grade
3. \_\_\_\_\_  
Name Age Grade

How did you hear about Saints Philip and James School? \_\_\_\_\_  
\_\_\_\_\_

**Please return application with Birth Certificate, Baptismal Certificate, Immunization Records, and latest academic records.**  
After acceptance (not with application), a one-time Registration Fee of \$250.00 per student is due. This fee is non-refundable.

**SACRAMENTAL HISTORY**

Baptism: \_\_\_\_\_  
Church (Name and Address) Date

First Penance: \_\_\_\_\_  
Church (Name and Address) Date

First Eucharist: \_\_\_\_\_  
Church (Name and Address) Date

Confirmation: \_\_\_\_\_  
Church (Name and Address) Date

**Transfer Students** (list other schools attended, most recent first)

Dates:	School:	Location:	Grade:

Would you be interested in the After School Program?    Yes    No

*The Diocese of Metuchen does not discriminate on the basis of race, color, sex, national or ethnic origin. Filling out this application should not be deemed acceptance to Saints Philip and James School. An application will not be considered complete until all the necessary paperwork has been submitted, including immunization records. Final acceptance depends upon the review of records from previous school(s).*

*All students are accepted for a probationary period lasting 60 days.*