



## **New Student Registration Packet**

**To complete your child's registration, please provide the following:**

- ✓ **Completed Registration Packet**
- ✓ **A copy of your child's birth certificate**
- ✓ **A copy of your child's baptismal certificate**
- ✓ **A completed Medical and Dental forms**  
(must be submitted by the first day of school.)

### **Admission Acceptance Policy**

**Grade K-8 new students are accepted in the following order:**

- 1) Current, active members of St. James of the Valley Parish, St. Peter and Paul Parish and Our Lady of the Rosary Parish:**
  - a. children who currently attend St. James of the Valley School**
  - b. Children who do not currently attend St. James of the Valley School.**
- 2) New parishioners to the above listed parishes**
- 3) Parishioners of other Catholic parishes**
- 4) Non-Parishioners/Non-Catholic**

### **Registration Process**

**Our registration is open and on going. Academic screening is required for transfer students. Kindergarten students screening will be held in April.**

**Admission confirmation letters will be mailed by March 30, 2009.**

**If you have any questions please call the school office at 513-821-9054.**



**Student's Name** \_\_\_\_\_  
First Middle Last

**New Student Registration** \_\_\_\_\_ **Grade** Please complete in full

**Returning Student Registration** \_\_\_\_\_ **Grade** Complete directory information & note any information changes.

**Mother's Name** \_\_\_\_\_  
First Mi Last

Married  Divorced  Separated  Remarried  Deceased

Address \_\_\_\_\_

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

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

Mother's Cell \_\_\_\_\_

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_

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

Business Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_  
First Mi Last

Married  Divorced  Separated  Remarried  Deceased

Address \_\_\_\_\_

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

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

Father's Cell \_\_\_\_\_

Occupation \_\_\_\_\_

Email address \_\_\_\_\_

Employer \_\_\_\_\_

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

Business Phone \_\_\_\_\_

Child lives with (check and include all adults and siblings at home)  **Mother**  **Father**

Stepmother \_\_\_\_\_  
Name

Stepfather \_\_\_\_\_  
Name

Siblings \_\_\_\_\_  
name Age

\_\_\_\_\_  
name Age

\_\_\_\_\_  
name Age

\_\_\_\_\_  
name Age

**DIRECTORY INFORMATION ALL FAMILIES:** School mailings & correspondence should be addressed to:

St. James of the Valley School will publish a Family Directory. Do you give permission to include your address and/or phone?

\_\_\_\_ Yes, Address & Phone \_\_\_\_ Yes, Address Only \_\_\_\_ Yes, Phone Only \_\_\_\_ No

**Parishioner Status** Are you a registered member of St. James of the Valley Parish, Our Lady of the Rosary Parish or St. Peter and Paul Parish? **Parish** \_\_\_\_\_

**Date Registered** \_\_\_\_\_ **Church Envelope #** \_\_\_\_\_

If not parishioner please explain \_\_\_\_\_

**NON -REFUNDABLE REGISTRATION FEE WITH REGISTRATION.**

I fully understand that should my child/children be accepted at St. James of the Valley School, my registration fee, which must be submitted for admission consideration to St. James of the Valley School, is non-refundable.

**This non-refundable policy includes withdrawal from class due to moving, changing school, change of plans, etc.**

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



# St. James of the Valley School

411 Springfield Pike, Wyoming, Oh 45215  
513-821-9054 • Fax: 513-821-9556

## ARCHDIOCESE OF CINCINNATI TRANSFER OF RECORDS RELEASE REQUEST

This form is provided for the purpose of obtaining or releasing a student's records. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school *for* enrollment in that school.

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

I, \_\_\_\_\_ (Parent/Legal Guardian/Student of legal age) do hereby give my permission for all activity, medical educational, social, and psychological information which has been made a part of the school records of the following student(s).

| Name  | Grade |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

You are authorized to release the records listed to:

St. James of the Valley School  
411 Springfield Pike  
Wyoming, Oh 45215

By signing this request for transfer, I relieve the school which the above named student is attending of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by PL 93-380 and any amendments thereto).

\_\_\_\_\_  
(Parent/Legal Guardian/Student of legal age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marianne Rosemond, Principal

\_\_\_\_\_  
Date