

APPLICATION

(Please Note: This form is 2-sided.)



St. Thomas School

St. Thomas the Apostle School

42 Adams Place • Delmar, New York 12054

Phone: 518-439-5573 • Fax: 518-478-9773 • www.stthomas-school.org • office@stthomas-school.org

Accredited by COGNIA

For Office Use Only

- _____ Application
- _____ \$95 Application Fee
- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ Health History (parent fills out)
- _____ Health & Immunization Records
- _____ Dental Records
- _____ Transcript Request

Please Note: A \$95 Registration Fee must accompany this Application. The fee is non-refundable.

Today's Date: _____ Desired Enrollment Date: _____ Public School District: _____

If you were referred to St. Thomas the Apostle School by a current school family, please list the name of the family: _____

Please Check One: Pre-K3 (Tues/Thurs) Pre-K4 (Mon/Wed/Fri) Full Week PK4

Kdg. Gr. 1 Gr. 2 Gr. 3 Gr. 4 Gr. 5 Gr. 6 Gr. 7 Gr. 8

Student

_____ Male Female

Last Name First Name Middle Name Nickname

Address City State Zip Phone

Date of Birth City/State of Birth Religion Parish

Student lives with: Both Parents Mother Father Guardian

Citizenship: US Citizen Non-US Citizen (specify): _____

Ethnicity: American Indian or Alaska Native Hispanic Asian African-American

Native Hawaiian/Other Pacific Islander White Multicultural

Previous School

List all school(s) previously attended, including Preschool through current year.

Grade(s) Name of School:

Does student currently have an IEP? Yes No (If yes, please attach a copy)

Does student currently have a 504 plan? Yes No (If yes, please attach a copy)

Has student received Academic Intervention Services on or off the school site? Yes No Where: _____

Type of Services: _____

Has student had an evaluation performed by the school and/or district (regardless of whether or not it resulted in the creation of an IEP

and/or 504 Plan)? Yes No Where: _____

Continued on Reverse

Record of Sacraments

Baptismal Date Church City/State

If your child was baptized, a copy of the Baptismal Certificate is required with the registration form.

Reconciliation Date Church City/State

Communion Date Church City/State

Parent/Guardian

Please Check One:

Mother

Father

Guardian

Last Name First Name Email

Religion _____ Address same as student

Home address if different from student City State Zip

Home Phone Work Phone Cell Phone

Occupation Business Name & Address

Parent/Guardian

Please Check One:

Mother

Father

Guardian

Last Name First Name Email

Religion _____ Address same as student

Home address if different from student City State Zip

Home Phone Work Phone Cell Phone

Occupation Business Name & Address

Other family members who are attending or who have attended St. Thomas the Apostle School:

Name: _____ Dates: _____

Name: _____ Dates: _____

Name: _____ Dates: _____

Siblings Not Attending St. Thomas the Apostle School

Sibling Name: _____ **Age:** _____ **School:** _____

Sibling Name: _____ **Age:** _____ **School:** _____

Continue on back or a separate sheet if necessary.