



St. Thomas School

### St. Thomas the Apostle School

42 Adams Place • Delmar, New York 12054

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#### For Office Use Only

- \_\_\_\_\_ Application
- \_\_\_\_\_ \$75 Application Fee
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Baptismal Certificate
- \_\_\_\_\_ Health & Immunization Records
- \_\_\_\_\_ Dental Records
- \_\_\_\_\_ Transcript Request

**Please Note: A \$75 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  Pre-K4AM  Pre-K4PM  Pre-K4AM & Enrichment  Pre-K4PM & Enrichment

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

Student				
				<input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian				
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen (specify): _____				
<u>Ethnicity:</u>				
<input type="checkbox"/> American Indian or Alaska Native or Black		<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> White	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy)
Does student currently have a 504 plan <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please attach a copy)
Has Student received Academic Intervention Services on or off the school site? <input type="checkbox"/> Yes <input type="checkbox"/> No Where: _____
Type of Services: _____

**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:** \_\_\_\_\_

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