



# ST. THOMAS THE APOSTLE SCHOOL APPLICATION FOR ADMISSION

APPLYING FOR GRADE \_\_\_\_\_ ACADEMIC YEAR \_\_\_\_\_

## STUDENT INFORMATION PLEASE TYPE OR PRINT

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First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Prefers to be called \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_  Male  Female

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary Phone \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_ Other language spoken fluently \_\_\_\_\_

Religious Affiliation \_\_\_\_\_ Place of Worship \_\_\_\_\_ Parish Membership \_\_\_\_\_

## FAMILY INFORMATION CHECK ALL THAT APPLY

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Primary email: \_\_\_\_\_  
(contact during admissions process)

- Parents married     Single parent     Co-parents     Guardian     Foster parent(s)  
 Parents separated     Parents divorced     Father deceased     Mother deceased     Other

Father remarried, stepmother's full name \_\_\_\_\_

Mother remarried, stepfather's full name \_\_\_\_\_

If parents are divorced, who has legal custody? \_\_\_\_\_

(Note: In the event of a divorce or any issue of custody, the current court decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.)

If applicant does not live with both parents in one household, please describe living arrangements:

\_\_\_\_\_

Please indicate to whom all St. Thomas the Apostle School communication should be directed:

\_\_\_\_\_

Who will be financially responsible for the education of this child? \_\_\_\_\_

Would you like information about financial aid?     Yes     No

(Applying for assistance has no bearing on admissions decisions)

**Parent/Guardian 1**    Mr.    Ms.    Mrs.    Dr.

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First Name      Middle initial      Last name      Prefers to be called      Relationship to Student

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Address (if different from applicant      City      State      Zip      Primary Phone

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Place of employment      Occupation      Title/Position

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Business Address      City      State      Zip

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Business Phone      Business email      Personal email

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College/University attended: Undergraduate      Graduate

**Parent/Guardian 2**    Mr.    Ms.    Mrs.    Dr.

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First Name      Middle initial      Last name      Prefers to be called      Relationship to Student

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Address (if different from applicant      City      State      Zip      Primary Phone

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Place of employment      Occupation      Title/Position

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Business Address      City      State      Zip

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Business Phone      Business email      Personal email

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College/University attended: Undergraduate      Graduate

### **SIBLING INFORMATION**

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Sibling's full name      Birth Date      Current School      Grade       Male       Female

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Sibling's full name      Birth Date      Current School      Grade       Male       Female

### **SCHOOL INFORMATION**

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Applicant's Current school/preschool      Current grade      Dates attended

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School's address      City      State      Zip      Phone

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Name of previous school attended      Address      Dates attended

**ETHNIC INFORMATION CHECK ALL THAT APPLY (Optional: for statistical reporting purposes only)**

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- American Indian or Alaskan - a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
- Asian - a person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Black or African American - a person having origins in any of the black racial groups of Africa.
- Hispanic/Latino - a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin.
- Middle Eastern - a person having origins in any of the peoples of one of the following countries: Afghanistan, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syria, UAE an Yemen.
- Native Hawaiian or other Pacific Islander - a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- White - a person having origins in any of the original peoples of Europe.
- Other (please explain) - \_\_\_\_\_

**FAMILY QUESTIONNAIRE**

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What does your child like most about school? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What does your child find challenging? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child respond to new people and experiences? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are the most important considerations for you in choosing an elementary school program?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY QUESTIONNAIRE CONT'D**

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How have you been or how do you see yourself involved in your child's school? \_\_\_\_\_

Does your child have any of the following medical problems your child? Please check all that apply.

- Vision    Hearing    Asthma    Other Respiratory    Heart    Diabetes    Bleeding    Sickle Cell Anemia

Any other medical problems we should be aware of: \_\_\_\_\_

Is there any other information you feel it would be important for us to know? \_\_\_\_\_

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**For grades 2-7 transfer students:**

Is your child enrolled in a foreign language as part of his/her regular school curriculum?    Yes    No

What language? \_\_\_\_\_ For how long? \_\_\_\_\_

If application is not the result of a move or change of residence, briefly explain why you are seeking to enroll your child at St. Thomas the Apostle School.

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**SUBMISSION**

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- Original Birth certificate (will be copied and returned).
- Baptismal certificate (if appropriate).
- A copy of the most recent report card and standardized test results (for grades 1-7 only).

A school recommendation from is also required for all transfer students. A current teacher or principal will be asked to complete the form on behalf of the child.

I (we) hereby state the information contained herein is true and complete. I (we) have not knowingly omitted any information regarding my (our) child.

\_\_\_\_\_  
Parent/Guardian signature Date

\_\_\_\_\_  
Parent/Guardian signature Date