



# ST. THOMAS MORE CATHOLIC SCHOOL

PROSPECTIVE STUDENT APPLICATION

## PROSPECTIVE STUDENT APPLICATION

This application is to be completed in full by the applicant's parent or guardian and returned to St. Thomas More Catholic School. A non-refundable fee of \$100.00 should be enclosed with this application. Upon screening of your child and acceptance to St. Thomas More Catholic School, a registration packet and \$150.00 non-refundable fee must be completed in order to secure enrollment for the coming school year.

### STUDENT INFORMATION

Name \_\_\_\_\_ Year of entrance \_\_\_\_\_  
Last First Middle

Gender  Male  Female Birth date \_\_\_\_\_ Grade upon entrance \_\_\_\_\_

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

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

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

Is the child baptized?  Yes  No

### FAMILY INFORMATION

**Student lives with:**  Both Parents  Father only  Mother only  
 Guardian  Father/Stepmother  Mother/Stepfather

**Father**  **Stepfather**  **Guardian** (relationship \_\_\_\_\_)

Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Mother**  **Stepmother**  **Guardian** (relationship \_\_\_\_\_)

Full Name \_\_\_\_\_ Religion \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**List name/address/telephone/fax of previous preschool/school:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Reason for Transfer \_\_\_\_\_

1. Briefly explain the reasons you wish your child to be educated at St. Thomas More Catholic School.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please tell about your child. Include any information on student learning needs or health related issues.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. How did you hear about St. Thomas More Catholic School?

Current family \_\_\_\_\_  Print advertising  Website  
 Reader board  Other \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For Office Use Only:	Date application received: _____	Time application received: _____
Application fee received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____	Check No./Payment Type _____
Seat offered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____	<input type="checkbox"/> Letter <input type="checkbox"/> Verbal <input type="checkbox"/> Email
Assessment/Shadow date: _____	Application code: _____	
Family Action: Date seat accepted: _____	Date seat declined: _____	by: _____