



Saint Thomas the Apostle School
Growing together in faith and knowledge

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REGISTRATION FORM

Date of Application _____
 Registering for Grade _____
 Public School District _____

Application Fee (\$25) _____
 Applies to tuition if child registers.
 Non-refundable if child does not register.

Student's Name: _____ **M or F** **Phone:** _____
 (Last name, First name, Middle Initial) (Circle gender)

Home Address: _____
 (Number) (Street) (City) (State) (Zip)

Mailing Address: _____
 (Number) (Street) (City) (State) (Zip)

Religion: _____ Parish Registered In: _____

(A Copy of Baptismal Certificate is required with registration form unless your child was baptized at Saint Thomas the Apostle Church.)

Date of Birth: _____ City/State: _____

Baptismal Date: _____ Church: _____

Church Address: _____
 (Number) (Street) (City) (State) (Zip)

Communion Date: _____ Church: _____

Church Address: _____
 (Number) (Street) (City) (State) (Zip)

Last School Attended: _____ Grade: _____

School Address: _____
 (Number) (Street) (City) (State) (Zip)

Student's Siblings (Attach additional sheet if needed.)

Name (Last name, First name, Middle Initial)	Gender	Age	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Father's Name: _____
(Last name, First name, Middle Initial)

Religion: _____

(If the address and phone number are not the same as the student's)

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer's Name: _____ **Position:** _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Mother's Name: _____
(Last name, First name, Middle Initial)

Religion: _____

(If the address and phone number are not the same as the student's)

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer's Name: _____ **Position:** _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Emergency Contact #1 Name: _____
(Last name, First name, Middle Initial)

Relation to Student: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer's Name: _____ **Position:** _____

Employer's Address: _____
(Street) (City) (State) (Zip)

Emergency Contact #2 Name: _____
(Last name, First name, Middle Initial)

Relation to Student: _____

Address: _____
(Number) (Street) (City) (State) (Zip)

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Employer's Name: _____ **Position:** _____

Employer's Address: _____
(Street) (City) (State) (Zip)