

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 • info@stthomas-school.org

Accredited by the North Central Association of Colleges and Schools

For Office Use Only

- _____ Application
- _____ \$75 Application Fee
- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ Health History (parent fills out)
- _____ 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-K3AM Pre-K3/4 PM Split Pre-K4AM Full Day PK PK4 Enrichment (*add-on*)

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.