

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
- _____ \$95 Application Fee
- _____ Birth Certificate
- _____ Baptismal Certificate
- _____ Health History (parent fills out)
- _____ Health & Immunization Records
- _____ Dental Records
- _____ Transcript Request

Please Note: A \$95 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 PK4 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
<i>If your child was baptized, a copy of the Baptismal Certificate is required with the registration form.</i>		
_____	_____	_____
Reconciliation Date	Church	City/State
_____	_____	_____
Communion Date	Church	City/State

Parent/Guardian

Please Check One:

Mother

Father

Guardian

_____	_____	_____
Last Name	First Name	Email
Religion _____	<input type="checkbox"/> 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 _____	<input type="checkbox"/> 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.