

# APPLICATION

(Please Note: This form is 2-sided.)



St. Thomas School

## St. Thomas the Apostle School

42 Adams Place • Delmar, New York 12054

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### 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:**  Full Day Pre-K3  Pre-K3/4 PM  Pre-K4AM  Full Day Pre-K4  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.*