

# 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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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-K3 (Tues/Thurs)  Pre-K4 (Mon/Wed/Fri)  Full Week PK4

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**

<b>Sibling Name:</b> _____	<b>Age:</b> _____	<b>School:</b> _____
<b>Sibling Name:</b> _____	<b>Age:</b> _____	<b>School:</b> _____

*Continue on back or a separate sheet if necessary.*