



# ST. THOMAS THE APOSTLE CATHOLIC SCHOOL

*Nascantur in Admiratione*  
"Let Them Be Born in Wonder."

## **REGISTRATION FORM ~ Kindergarten – Grade 8**

**ALL NEW STUDENTS WILL BE ACCEPTED ON A PROBATIONARY BASIS FOR ONE SEMESTER**

Please list parent information exactly as you would like it printed in our school directory

Mr. Dr.	Father's Last Name	Father's First Name & Initial	Home phone
Street		City	Zip Code
Father's Occupation		Place of Employment	Phone
E-Mail Address		Cell phone/Pager	

Ms. Mrs. Dr.	Mother's Last Name	Mother's First Name & Initial	Home phone
Street		City	Zip Code
Mother's Occupation		Place of Employment	Phone
E-Mail Address		Cell phone/Pager	

With whom does child reside? \_\_\_\_\_ Multiple Family Household? Yes \_\_\_ No

RELIGIOUS AFFILIATION \_\_\_\_\_ PARISH IN WHICH REGISTERED \_\_\_\_\_

FIRST/MIDDLE/LAST NAME OF STUDENT	SOCIAL SECURITY NUMBER	GRADE IN SEPT. 2020 Kindergarten students <b>MUST</b> be 5 years old by September 1, 2020	BIRTH DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LAST SCHOOL ATTENDED \_\_\_\_\_ DATES (FROM \_\_\_\_\_ TO \_\_\_\_\_)

ADDRESS OF SCHOOL \_\_\_\_\_

**IT IS IMPORTANT THAT BOTH SIDES OF THIS FORM BE COMPLETED.**

## EMERGENCY INFORMATION

In case of accident or serious illness I request the school contact me. If the school cannot reach me, I hereby authorize the school to contact the physician indicated below. If it is impossible to contact the doctor, the school may make whatever arrangements seem necessary.

Parent/Guardian Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_

Phone \_\_\_\_\_

In the event of an EMERGENCY every attempt will be made to contact the parents/guardians. At other times, such as during a severe snowstorm, it may be desirable for you to allow release of your child(ren) before the end of the school day, without the school attempting to contact you. Please list below those persons (a relative, neighbor, friend, Gabriel Richard student, etc.) to whom the school may release your child(ren) in such a circumstance:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**MEDICAL REMARKS AND RECOMMENDATIONS:** Is there anything about this pupil's condition that will or might interfere with his/her school activity? If so, please specify:

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This information will be shared with appropriate staff.

ETHNIC BACKGROUND	Catholic	Non-Catholic
Black		
American Indian		
Asian		
Caucasian		
Hispanic		
Multi Ethnic		
Pacific Islander		
All others		

**Primary language spoken at home if not English** \_\_\_\_\_

This information is requested for national statistical census purposes only.

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