



ST. THOMAS THE APOSTLE CATHOLIC SCHOOL
LEARN • LEAD • LOVE

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 _____

FOR REGISTERED ST. THOMAS PARISHIONERS: ENVELOPE NUMBER _____

FIRST/MIDDLE/LAST NAME OF STUDENT	SOCIAL SECURITY NUMBER	GRADE IN SEPT. 2018 Kindergarten students MUST be 5 years old by September 1, 2018	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:

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.

This information is requested for national statistical census purposes only.