



2010-2011 APPLICATION

(Office use only)

Date Received _____
Fee _____ Aff. _____
Visit _____
Comm. _____

APPLICANT

Name _____ Male ___ Female ___ Date of Birth _____
Application for Grade (circle one): PS-2 PS-3 PrePrimary Primary 1st 2nd 3rd 4th 5th 6th
Home Address _____ Home Phone (____) _____
City, State, Zip _____ Current School _____

PARENTS/GUARDIANS

Title (circle one): Mr. Mrs. Ms. Dr. Other _____	Title (circle one): Mr. Mrs. Ms. Dr. Other _____
Parent/Guardian Name _____	Parent/Guardian Name _____
Home Address _____	Home Address _____
City, State, Zip _____	City, State, Zip _____
Home Phone _____	Home Phone _____
Employer _____	Employer _____
Occupation _____	Occupation _____
Business Address _____	Business Address _____
City, State, Zip _____	City, State, Zip _____
Bus. Phone _____	Bus. Phone _____
E-mail _____	E-mail _____

FAMILY

Sibling _____	Date of Birth _____	Current School _____
Sibling _____	Date of Birth _____	Current School _____
Sibling _____	Date of Birth _____	Current School _____

GRANDPARENTS (optional)

Names _____
Home Address _____
City, State, Zip _____
Home Phone _____

GRANDPARENTS (optional)

Names _____
Home Address _____
City, State, Zip _____
Home Phone _____

How did you hear about St. Thomas School? _____

If you or a member of your family has a current or previous relationship to St. Thomas School, please describe.

St. Thomas School does not discriminate on the basis of race, religion, color, national or ethnic origin, and any other legally protected classification applicable to St. Thomas School in administration of its educational policies, admissions policies, financial aid, athletic, and other school administered programs.

BACKGROUND INFORMATION

(Please feel free to use additional pages for your responses if necessary.)

What are your educational goals for your child?

In what type of learning environment does your child thrive?

Describe your child's strengths.

Please describe your child's academic, social/emotional or physical needs that may require a reasonable accommodation in order to allow him/her to participate fully in the school's programs.

Please share any other thoughts that might further our understanding of your child.

Please return application, nonrefundable \$60.00 processing fee, and any additional paperwork required to complete your admissions file. If the application fee presents a barrier to your application, please call the Director of Admissions. Candidates without a complete admissions file will not be considered for enrollment.

My signature below indicates that the information provided to St. Thomas School is factual, correct and complete. I have not withheld any information that would be pertinent in the complete evaluation of my child. In addition, St. Thomas School has my permission to discuss this application with the teachers and/or administrators at my child's current school, and to receive and retain confidential information regarding the applicant. I understand that if my child is accepted my contact information will be included on a school roster that is distributed only to enrolled families and school staff.

Signature _____ Date _____

Financial Aid Applications may be requested from the Business Office.