

**ST. THOMAS AQUINAS CATHOLIC SCHOOL**

**APPLYING TO GRADE** \_\_\_\_\_

**SCHOOL YEAR** \_\_\_\_\_

1719 Post Road, Fairfield, Connecticut 06824 Phone: 203-255-0556

Office Use Only	
Rec'd	_____
Fee Paid	_____
Ck Number	_____

NAME OF APPLICANT: \_\_\_\_\_  
(Last) (First) (Middle) (Date of Birth) (Sex) (City, State, Country of Birth)

ADDRESS: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Parent E-Mail Address: \_\_\_\_\_ APPLICANT'S RELIGION: \_\_\_ Catholic \_\_\_ Non-Catholic

PARISH you are currently registered in and supporting: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

First Communion Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Confirmation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's First & Maiden Name: \_\_\_\_\_ Address: \_\_\_\_\_ Occupation: \_\_\_\_\_ Religion: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Church of Marriage: \_\_\_\_\_ City/State: \_\_\_\_\_

Brothers and Sisters (in order of age):

<u>NAME</u>	<u>Date of Birth</u>	<u>NAME</u>	<u>Date of Birth</u>
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT'S ETHNICITY:

\_\_\_ Amer Indian/Native Alaskan \_\_\_ Asian  
\_\_\_ Black \_\_\_ Hispanic \_\_\_ Native Hawaiian/Pacific  
\_\_\_ White \_\_\_ Multi Racial Islander

APPLICANT'S CURRENT SCHOOL: \_\_\_\_\_ CITY: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

Has applicant had a PPT? \_\_\_\_\_

Has the applicant received any Special Services? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
(Falsification of information will result in dismissal from school)

All School correspondence should be sent to (circle one): Mother Father Both Other \_\_\_\_\_

**PLEASE INCLUDE THE FOLLOWING TO COMPLETE THE APPLICATION: \_\_\_\_\_ \$200 Registration Fee \_\_\_\_\_ Copy of Birth Certificate \_\_\_\_\_ Copy of Baptismal Certificate**  
**\*\*\* Kindergarten screening is mandatory\*\*\* All Students entering Grades 1-8 must take an entrance exam \*\*\* Testing is administered at St. Thomas School.**  
**Current health records and cumulative education records including all special education material and teacher evaluations must be forwarded to the school office as soon as possible.**  
**No student acceptance is complete until all required information is submitted to the school. THE REGISTRATION FEE IS NON-REFUNDABLE and not applied to tuition.**

AS PARENT/GUARDIAN, I AGREE TO SUPPORT THE SCHOOL'S POLICIES, RULES AND STANDARDS AS STATED IN THE SCHOOL HANDBOOK.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

