

ST. THOMAS AQUINAS SCHOOL **APPLYING TO GRADE** _____ **SCHOOL YEAR** _____
1719 Post Road, Fairfield, Connecticut 06824 Telephone: 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: _____

Reconciliation 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 in the Spring**
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:** _____