

2020 ❖ ST. THOMAS SCHOOL ❖ 2021
NEW STUDENT REGISTRATION FORM

FATHER / Legal Guardian's Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone #'s Home: _____ Cell: _____ Work: _____

Email: _____

Place of Birth: City _____ State _____

Employer: _____ Occupation: _____

Religion: _____ Parish: _____

MOTHER / Legal Guardian's Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone #'s Home: _____ Cell: _____ Work: _____

Email: _____

Place of Birth: City _____ State _____

Employer: _____ Occupation: _____

Religion: _____ Parish: _____

STUDENT #1 / Name: _____ Middle: _____ Last: _____

Male Female Date of Birth: _____ Ethnicity:* _____

Place of Birth: City _____ State _____

Previous School Attended: _____ Religion: _____

Will this be the Youngest Child attending St. Thomas School: Yes No

SACRAMENT	DATE	CHURCH	CITY / STATE
Baptism			
Penance			
First Communion			
Confirmation			

**COPIES OF BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE, SOCIAL SECURITY CARD
AND UP-TO-DATE IMMUNIZATION RECORD ARE REQUIRED TO REGISTER**

ADDITIONAL STUDENTS FOR ENROLEMENT ON SIDE 2

* This data is optional and is used for completing state documentation only.

NEW STUDENT REGISTRATION FORM

STUDENT #2 / Name: _____ Middle: _____ Last: _____

Male Female Date of Birth: _____ Ethnicity:* _____

Place of Birth: City _____ State _____

Previous School Attended: _____ Religion: _____

Will this be the Youngest Child Attending St. Thomas School: Yes No

SACRAMENT	DATE	CHURCH	CITY / STATE
Baptism			
Penance			
First Communion			
Confirmation			

STUDENT #3 / Name: _____ Middle: _____ Last: _____

Male Female Date of Birth: _____ Ethnicity:* _____

Place of Birth: City _____ State _____

Previous School Attended: _____ Religion: _____

Will this be the Youngest Child Attending St. Thomas School: Yes No

SACRAMENT	DATE	CHURCH	CITY / STATE
Baptism			
Penance			
First Communion			
Confirmation			

STUDENT #4 / Name: _____ Middle: _____ Last: _____

Male Female Date of Birth: _____ Ethnicity:* _____

Place of Birth: City _____ State _____

Previous School Attended: _____ Religion: _____

Will this be the Youngest Child Attending St. Thomas School: Yes No

SACRAMENT	DATE	CHURCH	CITY / STATE
Baptism			
Penance			
First Communion			
Confirmation			

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