



Saint Thomas the Apostle Catholic School

Parent/Household Information

Parent/Guardian 1:

Name: _____
Last Full First Middle Maiden Name (if applicable)

Place of Employment: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Ethnic Background (mark all that apply):

Amer Indian/Alaskan Asian Black/Afr American Caucasian Hispanic Native Hawaiian Pac Islander

Religion: _____ Church Name: _____

Parent/Guardian 2:

Name: _____
Last Full First Middle Maiden Name (if applicable)

Place of Employment: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Ethnic Background (mark all that apply):

Amer Indian/Alaskan Asian Black/Afr American Caucasian Hispanic Native Hawaiian Pac Islander

Religion: _____ Church Name: _____

Primary Address (for student/s):

Street Address: _____ County: _____ Landline (If applicable): (____) ____ - _____

City: _____ State: ____ Zip: _____

Public School District: _____ Primary Language Spoken: _____

Secondary Address (if applicable):

Street Address: _____ County: _____ Landline (If applicable): (____) ____ - _____

City: _____ State: ____ Zip: _____

Public School District: _____ Primary Language Spoken: _____

I agree to abide by the Saint Thomas Parent/Student Handbook located at www.stthomasgr.org

Hard copies are available upon request.

Have you been convicted of a sex crime?

Are you listed on any sex offender registry?

Have you been convicted of a "listed offense" as defined under Michigan law?

Parent/Guardian 1		Parent/Guardian 2	
Yes	No	Yes	No
Yes	No	Yes	No
Yes	No	Yes	No

Signature _____