

Saint Thomas the Apostle Catholic School

New student enrollment form



Student Full Name: _____

Last

First

Middle

Grade entering: _____ School and District Last Attended: _____

4 Yr. Preschool preference _____ Either AM or PM _____ AM only _____ PM only

Reason for preference _____

Birthdate: _____ (P3 must be age 3 before Sept 1, P4 must be age 4 before Sept 1, Kindergarten must be age 5 before Sept 1)

Birthplace (city/state): _____ Gender: _____

Ethnic Background (mark all that apply):

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

Primary Language at Home (if not English): _____

Medical Information:

Any allergies or medical conditions of which we should be aware: _____

Does your student require medication during regular school hours? (circle one) **YES*** **NO**

If YES, list medication name and dose: _____

Emergency Local Contacts (in order you wish them to be called):

Note: These persons will only be contacted if a parent/guardian is unavailable

Name: _____ Relationship to Student: _____ Ph#: _____

Name: _____ Relationship to Student: _____ Ph#: _____

Religion Information:

Student's Religion: _____ Parish: _____

Other Information:

Would you like this student designated as **Family Courier** to bring notes home? (circle one) **YES** **NO**

Transportation: _____ How will your child be transported to school? **BUS** **CAR** **WALK** (circle one)

My child may **NOT** go with: _____

There is a current IEP or 504 plan in place for my child. **IEP** **504** (circle appropriate)

IEP/504 is an indication of special education services, or classroom accommodations based on specific diagnoses.

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

Hard copies are available upon request.

Student Signature (grade 3+ only)

Date