

RECD _____
CK# _____
AMT _____

ST. THOMAS CATHOLIC GRADE SCHOOL 2009/2010 NEW STUDENT REGISTRATION FORM

**Return Completed Form To The School Office On or
Before Wednesday, March 11, 2009**

Date _____ Registration for Grade (Check One) K ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___
(Student must be 5 years of age by September 1, 2007) to be eligible for Kindergarten)

Student's Name _____ Sex: M ___ F ___
Last First Middle

Address _____
Street P.O. Box City State Zip

Home Phone # _____ Cell Phone # _____ Religion _____ Parish Affiliation _____

Birth Date _____ Place of Birth _____ Race _____

Name of Current School _____ Grade _____

Street Address _____

City _____ State _____ Zip _____

Sacraments Received:	Baptism	_____	_____	_____
		Date	Parish	City/State
	Penance	_____	_____	_____
		Date	Parish	City/State
	Communion	_____	_____	_____
		Date	Parish	City/State
	Confirmation	_____	_____	_____
		Date	Parish	City/State

Please Check: Parents Living Together ___ Separated ___ Divorced ___
Father Deceased ___ Mother Deceased ___
Student Living with Relatives (other than Parents) ___ Student Living with Guardian ___

Give Complete Mailing Address of Parents or Guardian (as it will appear in the school directory)

_____ Last Name Father's Name Mother's Name

_____ Street Address Mailing Address

_____ City State Zip Code

_____ Home Phone # E-Mail Address

