

To be used for new Student Registration



**ST. THOMAS SCHOOL**  
NEW STUDENT REGISTRATION 2017-2018

Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Tuition: \_\_\_\_\_ Registration Fee Paid: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Lives with: (please check one)

Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Legal Guardian \_\_\_\_

Legal custody of student belongs to: (please check one)

Both Parents \_\_\_\_ Mother Only \_\_\_\_ Father Only \_\_\_\_ Legal Guardian \_\_\_\_

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

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Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Parish Registration: \_\_\_\_\_

Sibling's Name:	Age:	School:

Pre K Schedule:

Which program would you like to enroll your child? (Check one please)

- 5 full days
- 3 full days (Tuesday, Wednesday, Thursday) \_\_\_\_\_
- 5 half days
- 3 half days (Tuesday, Wednesday, Thursday) \_\_\_\_\_

Kindergarten Schedule:

Which program would you like to enroll your child? (Check one please)

- 5 full days
- 5 half days

Will your child use our Extended Day Program? (Check one please)

- Yes, on a regular basis.**
- Yes, on occasion.**
- No.**

Allergies or medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please complete this form and return to the Saint Thomas School office along with the tuition deposit of \$100. This non-refundable deposit must be paid at the time of registration and will be fully applied toward tuition. Each student's tuition must be paid through FACTS TUITION MANAGEMENT PROGRAM. Full tuition is due by August 1<sup>st</sup> or monthly payments are also an option. Arrangements for payments will be made electronically through FACTS by parents.

To be used for current students re-registering



## ST. THOMAS SCHOOL REGISTRATION 2015-2016

Today's Date: \_\_\_\_\_ Grade In September: \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different)

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Tel: hm \_\_\_\_\_ wk \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Tel: hm \_\_\_\_\_ wk \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Parish Registration and Support \_\_\_\_\_

Number Of Children At St. Thomas \_\_\_\_\_

List Them (Do not list child above)

NAME

GRADE IN SEPT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child will not be attending St. Thomas school next September.

Reason \_\_\_\_\_

Please fill out above the form and return to the school office. Each student's tuition must be paid through FACTS TUITION MANAGEMENT PROGRAM. Full tuition is due by August 1<sup>st</sup> or monthly payments are also an option. Arrangements for payments will be made electronically through FACTS by parents.

**Please Note:** Any student not subsidized by a parish will be charged full tuition.

## St. Thomas School Family Participation Agreement

Family Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name (s) and Grade (s) of Student'(s): \_\_\_\_\_

As parents of a student at Saint Thomas School, we agree to participate in activities and events listed or accepted for the Family Participation Program. We understand that is our responsibility to the school and its students to participate in and support the activities and events that benefit and strengthen the Saint Thomas community and help to control tuition costs.

As a participating family, we will volunteer:

\_\_\_ 25 hours for full-time students

\_\_\_ 15 hours for part-time students

10 of these contract hours will be reserved to participate in one or all three of the major fundraisers. These fundraisers are the Annual 5K Walk/Run, Silent /Live Auction and Spring Fever Fair.

\_\_\_ We do not choose to participate in the family volunteer program.  
Enclosed is our check for:

\_\_\_ \$150 (*part-time student*) or \_\_\_ \$250 (*full-time student*)

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_