

SAINT THOMAS AQUINAS CATHOLIC SCHOOL

APPLICATION FOR ADMISSION
SCHOOL YEAR 2010/2011

Office Use Only

Date Rec'd _____

Parish Date _____

Check Amt. _____ # _____

PARISH IN WHICH YOUR FAMILY IS REGISTERED: _____

Please complete the following information for all of your children who will attend Saint Thomas Aquinas for the 2010/2011 school year. *******Please attach a non-refundable \$25 fee for the Interest List.**

Family Last Name: _____

Home Address: _____

City, State, Zip: _____

Parent/Guardian Names: _____

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

Mother's Work Phone: _____ Cell # _____

Email: _____

STUDENT INFORMATION:

Name of Student (List oldest to youngest)	Grade entering in 2010/2011	Date of birth	Gender
Last Name, First Name			

Signature of Parent/Guardian: _____