



SAINT THOMAS THE APOSTLE SCHOOL
STUDENT RE-REGISTRATION
2018-2019

Family name: _____

We would like to re-register the following child(ren) for September 2018:

Child(ren)'s Name(s):	Grade(s) in September 2018:
_____	_____
_____	_____
_____	_____

We would like to register the following NEW child(ren) for September:

Pre K-3: (5 Day: Mon thru Fri, Full Day Classes: 8:20 AM – 2:40 PM): _____

Pre K-3: (3 Day: Mon, Wed & Fri, Full Day Classes: 8:20 AM - 2:40 PM): _____

Pre K-4: (5 Day: Mon thru Fri, Full Day Classes: 8:20 AM – 2:40 PM): _____

Kindergarten (Mon thru Fri Full Days: 8:20 am – 3:00 PM): _____

Please provide to the office the following for each **NEW** child being registered:

- ❖ Birth Certificate
- ❖ Baptismal Certificate
- ❖ Current Immunization
- ❖ Completed Registration Form

_____ My child(ren) will not be returning to St. Thomas and will be attending another school.

Reason: _____

****Please return this form by February 9, 2018**

****Please note** – if you do not register, we cannot guarantee a place for your child(ren) in September. Registration numbers determine the size and number of classes per grade.