



ARCHDIOCESE OF PHILADELPHIA
ST. THOMAS THE APOSTLE PARISH SCHOOL, GLEN MILLS, PA

REGISTRATION for 2019-2020

Child's Name: _____
(First) (Middle) (Last)

Grade for September (K thru 8): _____

Pre K – 3: (Mon. thru Fri. Full Days: 8:20 AM to 2:40 PM): _____

Pre K – 3: (Three Full Days: 8:20 AM to 2:40 PM): _____

Pre K - 4: (Mon. thru Fri. Full Days: 8:20 AM to 2:40 PM): _____

Birth: _____
(Date) (Country) (Sex)

Address: _____

(City) (State) (Zip)

County of Residence: _____ School District of Residence: _____

Home Phone: _____ E-Mail: _____

Emergency Phone # _____ Relation: _____

Language spoken at home, if not English: _____

Name of school child previously attended: _____

Registered at St. Thomas the Apostle: _____ Yes / _____ No (Release Letter from Pastor attached)

Are you Catholic? Yes _____ / No _____ Name of Parish you are registered in: _____

Church Attendance (circle one): Weekly Occasionally Rarely

-----**For Office Use Only**-----

Endowment Check _____ Pastor Letter _____ Birth Certificate _____

Baptismal Cert. _____ Immunizations _____ Option C _____ Constant Contact _____

FAMILY BACKGROUND OF CHILD

Father: _____
(First) (Middle) (Last)

Address: _____ Home Phone: _____
(if different from child's) (if different from child's)

Father Cell #: _____ Religion: _____ Country of Birth: _____

Father's Place of Employment: _____ Phone: _____

Father's Occupation: _____

Mother: _____
(First) (Maiden) (Last)

Address: _____ Home Phone: _____
(if different from child's) (if different from child's)

Mother Cell #: _____ Religion: _____ Country of Birth: _____

Mother's Place of Employment: _____ Phone: _____

Mother's Occupation: _____

Siblings/s: _____ Age: _____ School: _____
_____ Age: _____ School: _____
_____ Age: _____ School: _____

Home situation: Student lives with: (check all that apply): _____ Two biological parents
_____ One Parent _____ Mother / Stepfather _____ Father / Stepmother

Parents are: _____ Married _____ Separated _____ Divorced or Other: _____

Parental rights: (in case of separation or divorce)

Legal Custody: _____ Joint Custody _____ Sole Custody

Physical Custody: _____ Joint Custody _____ Sole Custody

(attach copy of court order) (_____ Mother _____ Father _____ Guardian)

Guardian: _____
(First) (Maiden) (Last)

Address: _____ Home Phone: _____
(if different from child's) (if different from child's)

Guardian Cell #: _____ Religion: _____ Country of Birth: _____

Relationship of Guardian to student: _____

SACRAMENTAL INFORMATION

Date Church City State

Baptism: _____

First Penance: _____

First Eucharist: _____

Confirmation: _____

EDUCATIONAL TESTING BACKGROUND

Has your child ever been tested for special education services? _____

Has your child ever received special education services? _____

Has your child been diagnosed with autism? _____

Has your child ever been tested for special education needs? _____

Has your child ever been eligible for an IEP? _____

Other

How did you **first** hear about St. Thomas the Apostle School? (Check all that apply)

_____ Website

_____ Brochure

_____ Newspaper article

_____ Parishioner

_____ I attended the parish school as a child

_____ My child's preschool Name _____

_____ Recommended by another family Name _____

_____ Signs posted

_____ Home and School Gatherings

_____ Other (please explain) _____