

SAINT THOMAS SCHOOL
133 Bristol Street
Southington CT 06489
860-628-2485

REGISTRATION FORM

SCHOOL YEAR 2012-13

Date Registered: _____

STUDENT NAME: _____

Grade: _____

2012-2013

RECORDS: A copy of the student's full baptism certificate and formal birth certificate must accompany this form.

Birth Certificate (for office use) _____

Baptism Certificate (for office use) _____

Fee \$50.00 (non-refundable) Check # _____

Family Mailing Name: _____

Mailing Address: _____

Street Address: _____

(if different from mailing address)

Primary Phone: (____) _____ **E-Mail:** _____

Cell Phone: (____) _____ **Work Phone:**(____) _____

Child lives with: _____ **both parents**

_____ **mother**

_____ **father**

_____ **Other**

(name/relationship)

School Previously Attended: _____ (if applicable)

Town: _____

Church student belongs to (if other than St. Thomas)

Name: _____

Town: _____

Did parents attend St. Thomas School?

Father _____ (y/n) **Year of Graduation** _____

Mother _____ (y/n) **Year of Graduation** _____

MEMBER FORM

to be completed by each parent

Title: _____

Last Name: _____

Suffix: _____

First Name: _____

Middle Initial: _____

Maiden Name: _____

Marital Status: _____

(married, single, widow(er), separated, divorced, annulled)

Date of Birth: _____ Place of Birth: _____
(city) (state)

Occupation: _____ Employer _____

Religion _____ (if other than Catholic)

MEMBER FORM

to be completed by parent(s)

Title: _____

Last Name: _____

Suffix: _____

First Name: _____

Middle Initial: _____

Maiden Name: _____

Marital Status: _____

(married, single, widow(er), separated, divorced, annulled)

Date of Birth: _____ Place of Birth: _____
(city) (state)

Occupation: _____ Employer _____

Religion _____ (if other than Catholic)

List children in the household who are not attending St. Thomas School:

<u>Name</u>	<u>Age</u>	<u>Grade</u>	<u>School Attending</u>

