

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

REGISTRATION FORM

SCHOOL YEAR 2010-2011

Date Registered: _____

STUDENT NAME: _____

Grade: _____

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 \$30.00 (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** _____

(over)

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: _____

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: _____

Religion _____ (if other than Catholic)

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

Name

Age

Grade

School Attending
