

St. Thomas School Registration Form



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| Child's Full Name (Last, First, and Middle) | | Grade Entering: |
| Child's Nick Name: | | |
| Birth date: | | Male or Female: |
| Pupil's Address: | | |
| | | |
| Home Phone #: | | Email: (Please Provide) |
| Cell Phone#: | | Email: |
| Birth Certificate #: | | S.S. #: |
| Pupil Lives With:(Please Circle) Both Parents Mother Father Guardian | | |

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|--|--|--|----------------------|--|
| Parents are:(Please Circle) Married Separated Divorced | | | | |
| Deceased Remarried | | | | |
| Best Way To Contact: (Please Circle) Home Cell Work Email | | | | |
| Mother's Name: | | | | |
| Mother's Maiden Name: | | | | |
| Mother's Religion: | | | | |
| Address: | | | | |
| | | | | |
| Home Phone #: | | | Cell Phone #: | |
| Place of Employment: | | | | |
| Occupation: | | | | |
| Phone #: | | | | |
| | | | | |
| Father's Name: | | | | |
| Father's Religion: | | | | |
| Address: | | | | |
| | | | | |
| Home Phone #: | | | Cell Phone #: | |
| Place of Employment: | | | | |
| Occupation: | | | | |
| Phone #: | | | | |

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| Former School (If Transferring) |
| School Address: |
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| Date of Baptism (If Baptized) |
| Church of Baptism: |
| Church Address: |
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| Current Church of Attendance: |
| Address of Current Church: |
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|---|----------------------------|
| Are you currently living in:(Please Check) | |
| Bedford Borough | Bedford Township |
| Snake Spring Township | Hyndman |
| Chestnut Ridge | Colerain |
| Everett Area | Cumberland Valley |
| Harrison-Manns Choice | Other (Please List) |

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| Information Needed To Be Completely Registered: |
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| Copy of State Birth Certificate |
| Copy of Social Security Card |
| Diocesan Memorandum of Understanding |
| Financial Memorandum of Understanding |
| Registration Fee |
| Immunization Records |
| Physical Exam (Kindergarten) |
| Dental Exam (Kindergarten) |

Thank you for completing the registration form completely. Please note that it is against PA State Law to permit a child to attend school without all of the above information requested.