

New students must have a copy of Certificate of Live Birth and Baptism Certificate attached to this application.

Saint Thomas the Apostle School
265 King Street
Crystal Lake, Illinois 60014
Phone: 815-459-0496 FAX: 815-459-0591

ENROLLMENT APPLICATION

Date _____ Home Parish _____ Entering Grade _____

Child's Name _____ Date of Birth _____

Address _____ Zip _____

Public School District _____ Home School _____ Phone _____

School Last Attended _____ City/State _____

Child's Religion _____ S.S. # _____ Sex _____

Baptism (Y/N) Date _____ Church _____

Penance (Y/N) Date _____ Church _____

1st Communion (Y/N) Date _____ Church _____

Confirmation (Y/N) Date _____ Church _____

Child lives with: (Check all that apply) Both Parents _____ Mother _____ Father _____

Relative _____ Guardian _____ Stepmother _____ Stepfather _____

If divorced, who has legal custody? _____

Do you have joint custody? _____ (If No) Who? _____

If no, certified copy of custody agreement must be attached to this form.

SPECIAL NEEDS (THIS SECTION MUST BE ANSWERED.)

Has this child been attending Special Ed Classes and/or have an IEP/ISP or 504 Plan? **Yes No**

If yes, please explain. _____

Does this child have special needs/health concerns of which the school should be aware? **Yes No**

If yes, please explain. _____

Please describe any special circumstances that relate to the child's home/school situation on a separate piece of paper. Attach to this form.

Sibling of Alumni _____ Name of Alumni/Year Last Attended _____

Child of Alumni _____

Parish Registration Date/Time _____

(over)

Father's Name _____ Home Phone _____
Address/City/Zip _____
Employer _____ Work Phone _____
Position _____ Religion _____
Married _____ Divorced _____ Separated _____ Remarried _____ Single _____

Mother's Name _____ Home Phone _____
Address/City/Zip (if different) _____
Employer _____ Work Phone _____
Position _____ Religion _____
Married _____ Divorced _____ Separated _____ Remarried _____ Single _____

If applicable, please check one and complete the following information.

Stepfather _____ Stepmother _____ Guardian _____ Other _____
Name _____ Home Phone _____
Address/City/Zip _____
Employer _____ Work Phone _____
Position _____ Religion _____

(Required)

Custodial/Parent/Guardian's Signatures _____

Please Print Names _____

This form is not intended to constitute nor should it be viewed as creating a "contract" between the School and student/parent. The School reserves the right to revoke its acceptance of this application, deny enrollment and/or dismiss the student in keeping with applicable School and/or Diocesan policies. Neither this form nor any other written document issued to be a "contract" by the School (including, but not limited to, the student handbook) should be considered to be a "contract".