



2024-2025



# ENROLLMENT APPLICATION

St. Thomas the Apostle

265 King St

Crystal Lake, IL

Student Name	Gender	Birthdate	Grade 2024-25

School last attended \_\_\_\_\_

Parish \_\_\_\_\_

Children live with: (check all that apply)

BOTH PARENTS                      MOTHER\_\_\_                      FATHER                      RELATIVE  
 GUARDIAN                      STEPMOTHER                      STEPFATHER                      OTHER

If mother and father are divorces, who has legal custody? \_\_\_\_\_

Do mother and father have joint custody? Yes\_\_\_\_\_ No \_\_\_\_\_

If no--Name of person with whom you have joint custody: \_\_\_\_\_

*Certified copy of custody agreement/Joint Parenting Agreement must be on file with the school.*

Is there a protective order in place regarding your child? Yes\_\_\_\_\_ No \_\_\_\_\_

*A certified copy of the Order of Protection needs to be on file with the school.*

PARENT 1 \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ MOBILE CARRIER \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT 2 \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ MOBILE CARRIER \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

STEPPARENT1 \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ MOBILE CARRIER \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

STEPPARENT 2 \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

RELIGION \_\_\_\_\_ MOBILE CARRIER \_\_\_\_\_

MOBILE PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CUSTODIAL PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_