



SAINT THOMAS THE APOSTLE

Application Form for Pre-K thru Grade 8

_____ New Family _____ Sibling Application _____ Alumni Parent

1. Child's Name: _____ Sex: M F

Age: _____ DOB: _____ Birthplace: _____ Grade: _____

2. Child's Name: _____ Sex: M F

Age: _____ DOB: _____ Birthplace: _____ Grade: _____

3. Child's Name: _____ Sex: M F

Age: _____ DOB: _____ Birthplace: _____ Grade: _____

4. Child's Name: _____ Sex: M F

Age: _____ DOB: _____ Birthplace: _____ Grade: _____

Address _____ Religion _____

City _____ Parish _____

State _____ Zip Code _____ E-Mail _____

Previous School(s) _____

Address _____

Child(ren) resides with _____ Both Parents _____ Mother _____ Father _____ Guardian

Language (other than English) Spoken at Home: _____

How did you hear about our school? _____ Newspaper Ad _____ Referred by Family/Friend _____ Social Media

_____ Website _____ Other Please explain: _____

Parent Information:

Father's Name _____ Mother's Name _____

Religion _____ Religion _____

Cell Phone _____ Cell Phone _____

Home Phone _____ Home Phone _____

Occupation _____ Occupation _____

Work Phone _____ Work Phone _____

Number of children in Family _____ Transportation to school: _____ car _____ bus _____ walk

Please submit this application along with the non-refundable application fee to: Saint Thomas the Apostle School 333 Highway 18 Old Bridge, New Jersey 08857 Attn: Registration

Application Fee: \$25.00 Checks made payable to: St. Thomas the Apostle School (office use only) _____

Acceptance letters will be mailed to the parent(s) after the application is processed and approved by the Principal. An interview may be required. The following information must be submitted upon acceptance: Immunization record, Birth Certificate, Baptismal Certificate, Physical Exam Form and Health History.