



**SAINT THOMAS THE APOSTLE
Inquiry Form for Pre-K thru Grade 8**

Date completed: _____

_____ New Family _____ Sibling Application _____ Alumni Parent

Proposed entry date to school: _____

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

Age: _____ DOB: _____ Birthplace: _____ **Current** Grade: _____

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

Age: _____ DOB: _____ Birthplace: _____ **Current** Grade: _____

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

Age: _____ DOB: _____ Birthplace: _____ **Current** Grade: _____

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

Age: _____ DOB: _____ Birthplace: _____ **Current** 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 _____

Email _____ Email _____

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 Inquiry Form to:

**Saint Thomas the Apostle School
333 Highway 18
Old Bridge, New Jersey 08857 Attn: Registration**

Acceptance letters will be mailed to the parent(s) after the application is processed and approved by the Principal. An interview may be required. *All new students entering grade 7 require Pastor approval. We are not accepting students in grade 8 at this time. The following information must be submitted upon acceptance: Immunization record, Birth Certificate, Baptismal Certificate, Physical Exam Form and Health History.