

ST. THOMAS MORE CATHOLIC SCHOOL
REGISTRATION 2018 - 2019

Grade Entering 2018-2019 _____

Date _____

Student Information

LAST NAME (Full name, no initials) **FIRST NAME** **MIDDLE** **Nickname** (Only if used in school)

Street Address and Zip Code **Home Phone Number** **Race** **Sex**

American Citizen _____ **Yes** _____ **No** **If no, then country of origin** _____

Student's Date of Birth: Month _____ Day _____ Year _____ **Civil Parish** EBR _____ Other _____

Parents' Marital Status (please circle): Married Divorced Separated Only Parent

Student Resides With: Mom & Dad Mom Dad Mom & Stepdad Dad & Stepmom Grandparent
Other _____

Person responsible for tuition: Father Mother Other _____

Student's Religion _____

Catholic Church Parish in which you are **registered:** _____ St. Thomas More _____ St. Patrick
_____ Immaculate Conception _____ St. Anthony _____ St. Gabriel
Other (please identify) _____

Sacraments Received: Baptism yes no Church _____
First Reconciliation yes no Church _____
First Communion yes no Church _____

Please list all schools including any preschool programs. We need city and state on schools, **especially most recent school so we can request records.** (If a student has repeated a grade level, please include that information.)

Name of School

Address (city and state)

Is this student taking any medication? _____ Yes _____ No If yes, please explain.

Does your child have a medical diagnosis? _____ Yes _____ No If yes, what accommodations, if any, were made?

Was this pupil enrolled at any time in any type of special education class?

_____ No _____ Yes Place _____ If yes, please provide a copy of the evaluation.

Did this pupil receive any type of remedial tutoring at any time?

_____ No _____ Yes Place _____ If yes, please provide a copy of the evaluation.

Does this pupil have "Specific Learning Disorder" diagnosis, speech or language impairment, visual or hearing impairment, etc.

_____ No _____ Yes Place _____ If yes, please provide a copy of the evaluation.

Father's Information: _____ Deceased E-mail _____

Cell # _____

First _____ Middle _____ Last _____

Address _____

Place of Business _____ Occupation _____ Wk # _____

Are you an STM graduate: _____ yes _____ no If yes, what year _____ Religion _____

Mother's Information: _____ Deceased E-mail _____

Cell # _____

First _____ Middle _____ Last _____

Address _____

Place of Business _____ Occupation _____ Wk # _____

Are you an STM graduate: _____ yes _____ no If yes, what year _____ Religion _____

Stepfather's Information: _____ E-mail _____

Cell # _____

First _____ Middle _____ Last _____

Address _____

Place of Business _____ Occupation _____ Wk # _____

Are you an STM graduate: _____ yes _____ no If yes, what year _____ Religion _____

Stepmother's Information: _____ E-mail _____

Cell # _____

First _____ Middle _____ Last _____

Address _____

Place of Business _____ Occupation _____ Wk # _____

Are you an STM graduate: _____ yes _____ no If yes, what year _____ Religion _____

Emergency/Pick-Up information: Please list a name and local phone number of a person(s) that may pick your child up from school or we may contact (OTHER THAN mother or father) in case of illness or emergency during school hours - possibly a neighbor or a relative IN TOWN ONLY:

Name _____ Relationship to Student _____

Home _____ Cell _____ Work _____

Name _____ Relationship to Student _____

Home _____ Cell _____ Work _____

Name _____ Relationship to Student _____

Home _____ Cell _____ Work _____

Grandparent Information: Would they like to receive information from St. Thomas More Catholic School? Yes No

Name _____ Address _____

Name _____ Address _____

Please list below all brothers and sisters under seventeen (17) years of age:

Name of Child	Birth Date Month/Date/Year	School will be attending for 2018-2019	Grade Entering for 2018-2019
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Application Checklist:

- Application
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Religious Sacraments
- Student Recommendation Form (for students transferring from another school, 1st -8th only)
- Copy of Louisiana Immunization Record (signed by provider and NOT expired)
- Church contribution statement
- Letter stating why you want your child to attend STM
- Registration Fee (**\$360.00 for first child, \$260.00 for each additional child**)
- Current Report Card & Standardized Test Scores
- Educational Evaluations

For Students Applying in Grades 1-8:

For an applicant who is currently attending another school, the Student Recommendation Form (enclosed) must be submitted along with the application and complete cumulative record in order to be considered for enrollment by the Admissions Committee.

A **complete cumulative record** includes: copies of report cards, attendance and conduct information, standardized test scores, educational evaluation, doctor information regarding a health concern, Reconciliation and First Communion Certificates.

School Directory Information

I give permission for St. Thomas More Catholic School to release my contact information (name, address, phone numbers & email) to STM Home & School Association for inclusion in the STM Student/Parent Directory.

Signature

Date

“St. Thomas More Catholic School does not discriminate on the basis of race, sex, color, national or ethnic origin in the admissions or administration of educational policies.”

1st – 8th grade students only

To be filled out by current teacher or principal

and faxed to (225)275-0376

Current School: _____

Grade for 2018-2019



11400 Sherbrook Dr. Baton Rouge, LA 70815

Phone: (225) 275-2820 FAX: (225) 275-0376

www.stmbr.org

_____ has applied to St. Thomas More Catholic School. As part of the admissions process, we are requesting that a teacher or principal from the school of attendance at the present time, fill out the chart below based on their experience with the child.

Please place a check mark in the space where he/she falls for the specified category. In advance, thank you for your time. It is greatly appreciated.

	Always/Yes/True	Sometimes/Some What	Never/No/False
Takes direction the first time given			
Can work independently given instruction			
Works up to potential			
Attention does not hamper learning			
Respectful to those in authority			

____ Exemplary discipline record.

____ Minor discipline issues this year.

____ Discipline issues this year have hampered learning.

In your opinion, this child is a(n):

____ Excellent candidate ____ Good candidate ____ Average candidate ____ Poor candidate

for St. Thomas More Catholic School.

Signature: _____ Date: _____

