

# Application for Admission

*A non-refundable, \$75 fee should accompany this application, as well as copies of the student's birth certificate, baptismal certificate (if applicable), current health records & prior school records or evaluations from previous preschools or early learning centers. Please send all of the above to: Diane Klingman, Director of Admissions, 25 Dover Road, West Hartford, CT 06119. Students applying for grades K-5 must also complete an academic screening before an admissions decision can be made.*

Student's Name \_\_\_\_\_  
Last First Middle Nickname

Address \_\_\_\_\_  
Street City/State Zip

Home Phone: \_\_\_\_\_ Family E-Mail Address: \_\_\_\_\_

Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth: \_\_\_\_\_

For which grade and school year are you applying? \_\_\_\_\_  
*\*If applying for PreK, please indicate preferred # days:* \_\_\_\_\_

Race/Ethnicity (please circle all that apply): Asian Black Hispanic White  
American Indian/Alaskan Native Native Hawaiian/Pacific Islander

Child lives with (circle one): Both Parents, Together Both Parents (Shared Custody)  
Mother Father Other (Please specify) \_\_\_\_\_

Parent #1 (Please circle): Mother Father Stepmother Stepfather  
Grandmother Grandfather Legal Guardian

Mr./Mrs./Ms./Dr. \_\_\_\_\_

Occupation/Employer : \_\_\_\_\_

Parent #2 (Please circle): Mother Father Stepmother Stepfather  
Grandmother Grandfather Legal Guardian

Mr./Mrs./Ms. /Dr. \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

What language is spoken at home? \_\_\_\_\_

Please share with us how you heard about St. Thomas the Apostle School:

\_\_\_\_\_

Did any family members attend STA? If so, list names/relationship/graduation year :

\_\_\_\_\_

Student's current school \_\_\_\_\_

Street address \_\_\_\_\_ City/ST \_\_\_\_\_ zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

If the student received any special education support or modifications to the regular education program, including Title 1 Services, please describe those services below. Supporting documentation must be included with the application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Religious Affiliation (circle one): Catholic Protestant Jewish Hindu  
Muslim Unaffiliated Other \_\_\_\_\_

If Catholic, please complete the following:

Student's Current Parish \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church \_\_\_\_\_

Date of First Eucharist \_\_\_\_\_ Church \_\_\_\_\_

Student's siblings (if applicable):

\_\_\_\_\_  
Name/ Age \_\_\_\_\_ Current school \_\_\_\_\_

\_\_\_\_\_  
Name/ Age \_\_\_\_\_ Current school \_\_\_\_\_

Person Responsible for Tuition (if other than parents):

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_

*I hereby apply for the admission of my son/daughter to St. Thomas the Apostle School. I have enclosed the application fee of \$75.00. I understand that my child's application will not be complete until I forward health and academic records as well as birth and baptismal certificates.*

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_