



St. Thomas the Apostle School
West Hartford, Connecticut

VIRTUS TRAINING REGISTRATION FORM

Please complete this form as soon as possible and return it to the school office. No fees are required for this workshop. Upon completion of the workshop, please submit the required material to the school office. You will receive a participation card, which will be your personal proof of participation.

Virtus Training Date: _____
(Please check school calendar for available dates)

Time: 6:30- 8:30PM

Place: St. Thomas the Apostle Parish Center

Volunteer's Name & related student: _____

Phone # _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____

Please Note:

A completed background check form is also required. When completed, it should be returned to the school office for processing. Each school family will be billed through the tuition billing process \$20 for each family member.

The workshop will take place provided there are at least five registrants.