# St. Thomas the Apostle School
## Registration Form 2024-2025

Student Name _____
Last First M.I.

Date of Birth _____

Grade as of August 2024 _____

Parent Names _____

Addresses _____

Email Addresses: _____

_____

Telephone Numbers:_____

I am registered in _____Parish

I reside in the _____Public School District.

**Proof of Guardianship:** If there is a custody agreement, attach the portion of the agreement that stipulates custody and any other information pertinent for the school, to the registration form. This is a condition of enrollment. If there is a change in the agreement notify the school immediately.

**Attention New Students:** Parents, please attach a copy of your son/daughter's **birth certificate and health immunization record. (They must be up to date by the time school starts) *If he/she is Catholic, please attach a copy of his/her baptismal record.**

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We will need (full/time)/(part-time) extended care services.
(please circle one)

If part-time; number of days per week needed for extended care services. _____

Early morning drop off starts at 6:30 a.m. (Please check off) if this service is needed_____

**Appreciate returning no later than April 1st.**
**April 1st gives us ample time to order books for the new school year.**