

STUDENT'S INFORMATION

Last Name First Name Middle Nickname

Street, City & Zip Phone No.

Date of Birth American Citizen (circle one): Yes No Country of Origin

Race (circle one): White Black Asian Hispanic Bi-Racial Other: _____

Student's Religion _____

If Catholic, please circle **registered** parish:

St. Thomas More St. Patrick Immaculate Conception St. Anthony Other: _____

Please list all schools, including preschool.

Name of School or Preschool	City & State
_____	_____
_____	_____
_____	_____

Was this pupil enrolled at any time in any type of special education class? (please circle)

No Yes If yes, please attach a copy of the evaluation.

Did this pupil receive any type of remedial tutoring at any time? (please circle)

No Yes If yes, please attach a copy of the evaluation.

Does this pupil have a "Specific Learning Disorder" diagnosis, speech or language impairment, visual or hearing impairment, etc.? (please circle)

No Yes If yes, please attach a copy of the evaluation.

Is this student taking medication for any above disorders? (please circle)

No Yes If yes, please explain _____

PARENT/EMERGENCY INFORMATION

Father's Information: _____ **Deceased** Are you an STM graduate: **No** **Yes** If yes, what year _____

First _____ Middle _____ Last _____

Address (if different from student) _____

Employment _____ Occupation _____

E-mail _____ Cell _____

Mother's Information: _____ **Deceased** Are you an STM graduate: **No** **Yes** If yes, what year _____

First _____ Middle _____ Last _____

Address (if different from student) _____

Employment _____ Occupation _____

E-mail _____ Cell _____

Stepfather's Information: Are you an STM graduate: **No** **Yes** If yes, what year _____

First _____ Middle _____ Last _____

Address (if different from student) _____

Employment _____ Occupation _____

E-mail _____ Cell _____

Stepmother's Information: Are you an STM graduate: **No** **Yes** If yes, what year _____

First _____ Middle _____ Last _____

Address (if different from student) _____

Employment _____ Occupation _____

E-mail _____ Cell _____

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 Phone Number

Name Relationship to Student Phone Number

Name Relationship to Student Phone Number

Medical Information

Applicant's Doctor _____

Phone Number: _____

_____ My child has no medical conditions at this time.

1. Please check if student has been diagnosed with any of the following problems:

- | | | |
|--|--|---|
| _____ ADD/ADHD (Circle One) | _____ Diabetes | _____ Hearing Difficulties |
| _____ Depression/Anxiety Disorder | _____ Frequent Nosebleeds | _____ Eye Problems (lazy eye, color blindness, vision difficulties) |
| _____ Migraine Headaches | _____ Chronic Stomach Problems | _____ Seizure Disorder |
| _____ Skin Problems (eczema, dermatitis, etc.) | _____ Wears eyeglasses or contact lenses | _____ Asthma |
| _____ Heart/Blood Conditions | _____ Speech | _____ Arthritis |
| _____ Tubes in Ears | _____ Other (Please explain) _____ | |

2. Please provide further explanation of any of the above: _____

3. Has your child ever had surgery or serious injuries? Please explain _____

4. Has your child ever had a serious allergic reaction to any of the following, which would require emergency care?

_____ Ant Bites _____ Bee Stings _____ Latex _____ Foods _____ Medication

5. Does your child take any daily/long term medication? Please explain and give name, dosage and time given:

6. Does your child have any special problems, physical limitations, or chronic disabilities of which school officials should be aware? _____

To be considered for admission at STM, you will need a complete application, which consists of the following documents. Please use this checklist to help you when getting your pertinent application papers together.

- Application
- Application Fee (\$75.00)
- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Current Louisiana Immunization Records
- Copy of Religious **Sacraments** (if applicable)
- Church Contribution Statement (if applicable)
- Educational Evaluations (if applicable)
- Current Report Card (1st - 8th grade students only)
- Standardized Test Scores (4th - 8th grade students only)
- Student Recommendation Form (1st - 8th grade students only)

Upon acceptance, a Registration Fee is due in order for your child(ren) to be enrolled at St. Thomas More School. (Please see fee schedule)