St. Thomas More Catholic School
New Student Registration

Please fill in all blanks
Please Print Date: _____ Grade Entering: _____

Student Name: _____ Male ___ Female ___
Last First Middle

Students Home Address: _____ City _____ State _____

Zip _____ Home Phone _____ Child's Religion _____

SSN _____ Date of Birth _____ Place of Birth _____
Month Day Year Country of Birth _____

U.S. Citizen: Yes No Language spoken in the home _____

Racial/Ethnic Group: American Indian/Alaskan Native (1) ___ Asian (2) ___ Black (3) ___ Hispanic (4) ___
Native Hawaiian/Pacific islander (5) ___ White (6) ___ Multi Racial (7) ___

School last attended _____ Grade completed _____

School address_____ City _____ State _____

Public School district and school student would attend if not attending STM.
District _____ School _____

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Mother/Guardian _____ Single _____ Married _____
Last First Middle Maiden Name Remarried ___ Separated ___
Mother's Home Address _____ Divorced _____ Deceased ___

Mother's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Home E-Mail: _____ Work E-Mail: _____

Occupation _____ Religion _____

Business Name _____ Address _____

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Father/Guardian _____ Single _____ Married _____
Last First Middle Remarried ___ Separated ___
Father's Home Address _____ Divorced _____ Deceased ___

Father's Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Home E-Mail: _____ Work E-Mail: _____

Occupation _____ Religion _____

Business Name _____ Address _____

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Number of Children in family Boys _____ Girls _____ This child's rank _____
(oldest/middle/youngest)

Parish Affiliation _____

Baptism	First Communion
Church _____	Church _____
Date _____	Date _____
City/State _____	City/State _____