



St. Thomas More Cathedral School

† APPLICATION FOR ADMISSION †



School Year: \_\_\_\_\_

Applying for Pre-Kindergarten

Please check your child's pickup time:  7:45 - 12:45  7:45 - 3:15  7:45 - 6:00pm

**STUDENT DATA**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Nickname \_\_\_\_\_ Sex  Male  Female

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City & State of Birth \_\_\_\_\_  
(mm/dd/yyyy)

Country of Birth (if outside United States of America) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Public school system in which student resides \_\_\_\_\_ Public school child would attend \_\_\_\_\_

Email where official school communications can be sent \_\_\_\_\_

Check all that apply:

Only child at this school?  yes  no Oldest child at this school?  yes  no  
If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

**Previous Schools Attended:**

Name of School	Dates	Grades	Location	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Religion: \_\_\_\_\_ Baptized?  yes  no

For Catholic Applicants:	Date	Church	City & State
Baptism	____/____/____	_____	_____
Reconciliation	____/____/____	_____	_____
First Eucharist	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____

**Family Background**

	Mother	Father
Full Name	_____	_____
Maiden Name	_____	_____
Country of Birth (if outside USA)	_____	_____
Home Address	_____	_____
Home City, State, ZIP	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____
Work email	_____	_____
Occupation	_____	_____
Employer	_____	_____
Religion	_____	_____
Parish	_____	_____
Primary language spoken in the home	_____	_____

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Name and Address of person responsible for tuition/fees payment:

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status:

- Married                       Single                       Separated                       Divorced\*  
 Mother deceased       Father deceased       Father remarried       Mother remarried

*\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

Grandparent Information:

Paternal: Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maternal: Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Student lives with:       Both Parents               Mother               Father               Guardian (if checked, fill out below)

Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?

yes     no    If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition?

yes     no

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.

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The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child:

- American Indian/Native Alaskan
- Asian
- Black
- Hispanic
- Native Hawaiian/Pacific Islander
- White
- Multi-Racial
- All Others

To be considered for admission, the following documents, including a non-refundable application fee, must accompany this application:

1. Copy of Baptismal Certificate (Catholics only)
2. Immunization record
3. Copy of custody decree (if applicable)
4. Original birth certificate must be presented to school personnel for verification
5. Current report card including comments **and** the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available
7. A non-refundable application fee
8. Commonwealth of Virginia School Entrance Health Form  
**(Must be submitted prior to beginning of school year)**

\_\_\_\_\_ / / \_\_\_\_\_  
 Printed Name of Parent/Guardian      Date      Signature of Parent/Guardian

**OFFICE USE ONLY:**

Application Date \_\_\_\_\_ Application Fee \_\_\_\_\_ Birth Certificate \_\_\_\_\_  
 Baptismal Certificate \_\_\_\_\_ Immunization Record \_\_\_\_\_ Physical Form \_\_\_\_\_  
 Custody Decree \_\_\_\_\_ Report Cards \_\_\_\_\_ Test Scores \_\_\_\_\_  
 Scholastic Form \_\_\_\_\_ Assessment/Interview \_\_\_\_\_ Confirmation of Parish Registration Form \_\_\_\_\_  
 In Parish \_\_\_\_\_ Out of Parish \_\_\_\_\_ Non Catholic \_\_\_\_\_  
 Date Accepted \_\_\_\_\_ Grade/Room Number \_\_\_\_\_ Teacher/Advisor \_\_\_\_\_