



St. Thomas More Cathedral School

† APPLICATION FOR ADMISSION †



School Year: _____

Applying or Grade: _____

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 _____