



STM
CATHOLIC

ST. THOMAS MORE CATHOLIC SCHOOL

7071 East Otero Avenue • Centennial, Colorado 80112

Phone: (303) 770-0441 / Fax: (303) 267-1899

Website: www.stmcatholic.org

ADMISSION APPLICATION FORM 2010-2011

For Families & Students NEW to STM Catholic

(one form per student)

(THIS IS NOT A REGISTRATION FORM)

Office Use ONLY

Rec _____

Sib _____

PLEASE COMPLETE A SEPARATE APPLICATION FORM FOR EACH STUDENT APPLYING

PLEASE PRINT:

TODAY'S DATE _____ APPLYING FOR GRADE _____ FOR SCHOOL YEAR **2010-2011**

STUDENT'S FULL NAME _____, _____

LAST

FIRST

MIDDLE

BIRTH DATE* _____

SEX M

F

*Child must be 5 years old on or before 10/1/10 to enter Kindergarten and 6 years old on or before 10/1/10 to enter Grade 1.

*(Please attach a copy of your child's State Issued Birth Certificate)

FAMILY Last Name _____ Father's First _____ Mother's First _____

HOME ADDRESS _____

STREET ADDRESS

CITY

STATE

ZIP

TELEPHONE NUMBERS _____

HOME

HIS WORK/CELL

HER WORK/CELL

E-MAIL ADDRESS: _____

Name of Current Parish: _____

Date Registered in Parish: _____

Parish Envelope #: _____

PLEASE LIST ALL CHILDREN IN YOUR FAMILY:

CHILD'S FULL NAME

DATE OF BIRTH

GRADE FALL 2010

ALSO APPLYING
TO STM CATHOLIC?

COMPLETE AND SUBMIT THIS FORM TO

STM CATHOLIC

AS SOON AS POSSIBLE

WE ARE REVIEWING APPLICATIONS NOW



Attach to this form any additional information/letters which you believe will support your application.

STUDENT INFORMATION RELEASE FORM

I hereby request and authorize **St. Thomas More Catholic (STM Catholic)** to obtain verbal and written information for the purpose of Admissions, for the student listed below:

Name of Student: _____

Name of Teacher / Principal: _____

Year(s) / Grade(s) Attended: _____

School Name: _____

Address: _____

City / State / Zip: _____

Telephone: (_____) _____

FAX: (_____) _____

The following information should be included:

- Standardized tests (intelligence, aptitude, achievement)
- Academic performance (classroom grades and evaluation)
- Immunization Record
- Birth Certificate
- Other relevant information on file

All information I hereby authorize to be obtained from this school / institution will be held strictly confidential and cannot be released by the recipient without written permission.

Signature of Parent or Guardian

Relationship

Date

Please Submit Student Records To:
ATTN: Registrar
STM Catholic
7071 East Otero Avenue
Centennial, CO 80112
(303) 770-0441
FAX: (303) 267-1899