



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 2012-13

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 **2012-2013**

STUDENT'S FULL NAME _____,

LAST

FIRST

MIDDLE

BIRTH DATE* _____

GENDER: M

F

*By STATE LAW Child must be 5 years old on or before 10/1/12 to enter Kindergarten or 6 years old on or before 10/1/12 to enter Grade 1. (PLEASE ATTACH a copy of your child's State Issued Birth Certificate.)

Ethnicity of Student: _____

[Please choose from the following: American Indian/

Native Alaskan, Asian, African American, Native Hawaiian/Pacific Islander, Caucasian, or Multiple (2 or more) Races]

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 OTHER CHILDREN IN YOUR FAMILY:

CHILD'S FULL NAME

DATE OF BIRTH

GRADE FALL 2012

ALSO APPLYING

TO STM CATHOLIC?

COMPLETE & SUBMIT THIS FORM TO STM CATHOLIC by FEBRUARY 10, 2012

The Catholic schools of the Archdiocese of Denver, under the jurisdiction of the archbishop and at the direction of the Secretary for Catholic Schools, state that all of their Catholic schools admit students of any race, color, national or ethnic origin to all the right, privileges, programs and activities generally accorded or made available to students at the schools. Furthermore, Archdiocesan schools admit handicapped students in accord with Archdiocesan Policy No. 2000 concerning student admission. These schools do not discriminate on the basis of race, age, handicap, color, national or ethnic origin in the administration of their educational policies, employment practices, scholarship and loan programs or athletic or other school administered programs.

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: Laura O'Dea, Registrar

STM Catholic

7071 East Otero Ave.

Centennial, CO 80112

PHONE: (303) 770-0441

FAX: (303) 267-1899

