



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 2009-2010

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 **2009-10**

STUDENT'S FULL NAME \_\_\_\_\_, \_\_\_\_\_

LAST

FIRST

MIDDLE

BIRTH DATE\* \_\_\_\_\_ SEX  M  F

\*Child must be 5 years old on or before 10/1/09 to enter Kindergarten and 6 years old on or before 10/1/09 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

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 2009                      ALSO APPLYING TO STM CATHOLIC?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPLETE AND SUBMIT THIS FORM TO**

**STM CATHOLIC**

**BY FEBRUARY 10, 2009**







# 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**