

Student Information:

Religion: Catholic Other _____

Baptized*: Yes No _____

_____ Date _____ Church

_____ Baptized In What Religion _____ City/State

Reconciliation: Yes No

_____ Date: _____ Church _____ City/State

First Communion*: Yes No

_____ Date: _____ Church _____ City/State

Confirmation: Yes No

_____ Date: _____ Church _____ City/State

**(Please provide a copy of your child's Baptism and First Communion Certificate, if applicable.)*

Please list all schools attended, beginning with current school (use an extra sheet of paper if necessary):

Name of School	Address City/State/Zip	Grades Attended	Reason for Leaving
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please attach copy of current report card. Report cards from previous school years and any achievement test scores must be submitted for students entering Grades 1 through 8 before application will be considered.

Medical Information:

Does your child take any medication on a regular basis? Yes No

If yes, please give the name of the medication and reason for taking it.

Additional Information:

Has your child ever been recommended for further evaluations; i.e., for academic, learning, behavioral, or attention problems? Yes No

If yes, does he/she have an IEP or a 504? Yes No (If yes, it must be submitted with this application.)

Has your child had any private testing or evaluation? Yes No

If yes, attach any results and briefly describe the reasons for evaluation.

The above information will help us determine if STM Catholic can adequately meet your child's needs. Failure to disclose any of the above could result in the student being asked to leave.

Student Information Release Form

I hereby request and authorize St. Thomas More Catholic School (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:
 STM Catholic School
 7071 East Otero Avenue
 Centennial, CO 80112
 ATTN: Laura O’Dea, Registrar
 E-Mail: laurao@stthomasmore.org
 FAX: (303) 267-1899



The Catholic schools of the Archdiocese of Denver, under the jurisdiction of Archbishop Samuel J. Aquila, S.T.L. and at the direction of the Superintendent, 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 the policy on Admissions, 4.2.1. 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.