

To be used for new student registration



## ST. THOMAS SCHOOL

### REGISTRATION 2012-2013

Today's Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Tuition: \_\_\_\_\_ Registration Fee Paid: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Lives with: (please check one)

Both Parents  Mother Only  Father Only  Legal Guardian

Legal custody of student belongs to: (please check one)

Both Parents  Mother Only  Father Only  Legal Guardian

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_

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Telephone: home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Legal Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

School Last Attended: \_\_\_\_\_

Parish Registration: \_\_\_\_\_

Sibling's Name:	Age:	School:

Pre K Schedule:

Which program would you like to enroll your child? (Check one please)

- 5 full days
- 3 full days (List days please) \_\_\_\_\_
- 5 half days
- 3 half days (List days please) \_\_\_\_\_

Kindergarten Schedule:

Which program would you like to enroll your child? (Check one please)

- 5 full days
- 5 half days

Will your child use our Extended Day Program? (Check one please)

- Yes, on a regular basis.**
- Yes, on occasion.**
- No.**

Allergies or medical conditions we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To be used for new student registration

**Please complete this form and return to the Saint Thomas School office along with the tuition deposit of \$100. This non-refundable deposit must be paid at the time of registration and will be fully applied toward tuition. Each student's tuition must be paid through FACTS TUITION MANAGEMENT PROGRAM. Full tuition is due by August 1<sup>st</sup> or monthly payments are also an option. Arrangements for payments will be made electronically through FACTS by parents.**

To be used for current students re-registering



ST. THOMAS SCHOOL  
REGISTRATION 2012-2013

Today's Date: \_\_\_\_\_ Grade In September: \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(if different)

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

Tel: hm \_\_\_\_\_ wk \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

Tel: hm \_\_\_\_\_ wk \_\_\_\_\_ cell \_\_\_\_\_

E-mail: \_\_\_\_\_

Parish Registration and Support \_\_\_\_\_

Number Of Children At St. Thomas \_\_\_\_\_

List Them (Do not list child above)

NAME

GRADE IN SEPT.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child will not be attending St. Thomas school next September.

Reason \_\_\_\_\_

**Please fill out above the form and return to the school office. Each student's tuition must be paid through FACTS TUITION MANAGEMENT PROGRAM. Full tuition is due by August 1<sup>st</sup> or monthly payments are also an option. Arrangements for payments will be made electronically through FACTS by parents.**

***Please Note:* Any student not subsidized by a parish will be charged full tuition.**

St. Thomas School, 69 North Avenue



Sanford, Maine 04073 • 207-324-5832

## *Family Participation Agreement*

FAMILY NAME: \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME (S) & GRADES (S) OF STUDENT: \_\_\_\_\_

As parents of a student at Saint Thomas School, we agree to participate in activities and events listed or accepted for the Family Participation Program.

We understand that it is our responsibility to the school and its students to participate in and support activities and events that benefit and strengthen the Saint Thomas community and help to control tuition costs.

As a participating family, we will volunteer

- 25 hours for Pre-K/5 to Grade 6
- 15 hours for Pre-K/3

to fulfill this contract. Five (5) of these contract hours will be reserved to participate in the Spring Fever Fair, the largest fund raising event of the year.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(for the family)

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