
ST. THOMAS THE APOSTLE SCHOOL

ADMISSIONS QUESTIONNAIRE

Purpose: To help us understand your child's unique needs and ensure the best possible placement.

Today's Date: _____

Student Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Student's Date of Birth: _____

Immunizations Current (Y/N)?: _____

Present Grade (if currently in school): _____

Seeking Admission for Grade: _____

Enrollment Start Date: _____

Parent Name (s): _____

Parent Work Phone (s): _____

To assist in the placement process, we may find it helpful to contact your child's previous teacher (if applicable).

Previous School: _____

Teacher Name: _____ Phone: _____

Reason for changing schools or choosing St. Thomas School: _____

What attributes do you value in Catholic schools? _____

What are your expectations? _____

FOR OFFICE USE ONLY:

- Placement in _____
- Unable to make appropriate placement

Date: _____

Notes:



Are you a parishioner of St. Thomas the Apostle Parish (Y/N)? _____

If not, where do you attend church? _____

Which sacraments has your child received?

- Baptism
- Eucharist
- Reconciliation
- Confirmation

What are your child's strengths in the following areas?

Academics: _____

Social: _____

Do you know, or have there ever been, any concerns about your child in the following areas? (Please explain)

Academics: _____

Social: _____

Health: _____

Please list any medications your child is currently using: _____

Do you have any outstanding tuition due at any other school (Y/N)? _____

Would you like to schedule a conference with your child's new teacher (Grs.1-8)? _____

If yes, what times would be convenient? _____

Please attach a copy of your child's most recent report card and any conference slips from the past year.

Thank You for Considering St. Thomas the Apostle School !!!