St. Thomas Aquinas School
4600 North Illinois, Indianapolis, IN 46208
(317) 255-6244 - Phone
(317) 255-6106 - Fax

- STUDENT REGISTRATION FORM -

SECTION I: STUDENT INFORMATION

STN (assigned by school):_____

Student's Name: _____
Last First Middle

Date of Birth: _____ Sex: _____

Place of Birth:_____

Address: _____

City, State, Zip: _____

Home Phone: _____ Mobile Phone:_____

Religion of Student: _____Parish/Church:_____

Baptismal Date: _____ Church:_____

1st Communion Date: _____Church:_____

1st Reconciliation Date: _____ Church:_____

Last School Attended:_____

Address: _____

City, State, Zip: _____

Present Grade/School: _____ _____

Grade for which applying at St. Thomas:_____

Siblings (age): _____ _____

_____ _____

_____ _____

Has the applicant ever been expelled or suspended from a school? _____

If yes, please explain_____

_____

_____

_____

SECTION II: STUDENT ETHNICITY & RACE

Are you Hispanic/Latino? *(Choose only one)*

☐ No, not Hispanic/Latino

☐ Yes, Hispanic/Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

What is your race? (*Choose only one*)

☐ American Indian or Alaska Native: A person having origins in any of the original peoples of North America and maintaining cultural identification through tribal affiliation or community recognition. Not of Hispanic Origin.

☐ Black or African American: A person having origins in any of the black racial groups in Africa. Not of Hispanic Origin.

☐ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent .Examples of areas included are Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Not of Hispanic Origin.

☐ Hispanic or Latino: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Not of Hispanic Origin.

☐ Multiracial: A person having a biological parent who is of a different race from the other biological parent.

☐ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

SECTION III: PARENT INFORMATION

Student Lives with:

- ☐ Both Parents:
- ☐ Father:
- ☐ Mother:
- ☐ Guardian:
- ☐ Other, Specify:_____

Parent 1 Information		Parent 2 Information (if different)	
Name:		Name:	
Address:		Address:	
City, State, ZIP:		City, State, ZIP:	
Home Phone:		Home Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Employer:		Employer:	
Job Title:		Job Title:	
Work Phone:		Work Phone:	
Religion:		Religion:	
Guardian, if applicable			
Name:			
Address:			
City, State, Zip:			
Home Phone:			
Cell Phone:			
Email:			
Employer:			
Job Title:			
Work Phone:			
Religion:			
Relationship to Student:			
Special Arrangements:			

SECTION IV: STUDENT ACTIVITY

Is your child (ren) currently participating in any activities outside the home? :_____

If yes, please list:

_____

What are some of your child (ren) favorite things to do? :_____

_____

_____

SECTION V: MEDICAL/HEALTH HISTORY

Child's Physician Name / Phone Number:

_____

Please describe any significant prenatal or birth history: _____

_____

_____

_____

_____

Please describe any significant illnesses, surgeries, accidents or traumatic experiences:

_____

_____

_____

_____

_____

Does your child take any prescription medication on a regular basis?

_____

_____

_____

Condition(s):_____

_____

_____

_____

Medication & Dosage: _____

_____

_____

_____

Has your child had:	YES	NO
Vision Screening		
Does your child wear glasses?		
Hearing Screening		
Does your child wear hearing aids?		
Speech Screening		
Has your child ever received services?		
Language Evaluation		
Has your child ever received services?		
Psycho Educational Testing?		
ADD/ADHD Testing?		
Occupational Therapy?		
Physical Therapy?		
Counseling?		
Referral for any of the above services		
Does your child have a specific health problem such as:		
Allergies		
Asthma		
Convulsions		
Diabetes		
Ear and/or throat problem		
Heart		

If you answered YES to any of the above questions, please explain the circumstances, what classroom accommodations are needed and the name/phone of any providers

_____

_____

_____

_____

_____

_____

_____

Has your child been diagnosed with learning disorders and has your child ever qualified for an IEP (Individual Educational Plan) or 504 Plan? If so, please explain the nature of the services and date.

Has your child ever received special education services from any school attended? Please explain.

Parent signature Date

Parent signature Date