



**Returning Student Registration Form**  
St. Thomas of Villanova School  
Student Information

School Year for which you are registering: 2018/2019

Mother's Name \_\_\_\_\_  
Last First

Father's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Zip

Home Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother Cell Phone \_\_\_\_\_ Father Cell Phone \_\_\_\_\_

Mother Work Phone \_\_\_\_\_ Father Work Phone \_\_\_\_\_

**STUDENT NAME**

**GRADE ENTERING**

**BIRTHDATE**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Parish at which family is registered \_\_\_\_\_

St. Thomas of Villanova Church Envelope Number \_\_\_\_\_

Public School child/children would attend \_\_\_\_\_

Means of transportation to school Walk \_\_\_\_\_ Bus \_\_\_\_\_ Drive \_\_\_\_\_

Do you live more than 1.5 miles from St. Thomas of Villanova School? Yes \_\_\_\_\_ No \_\_\_\_\_

**THANK YOU FOR FILLING OUT ALL INFORMATION COMPLETELY!**

**Please return form by: February 1, 2018**

**The Registration Fee will be billed on FACTS on 4/20/18**

*For Office Use Only*

Date Received \_\_\_\_\_ Initials \_\_\_\_\_