



Registration Form
St. Thomas of Villanova School
Student Information

School Year for which you are enrolling: 20____/20____ Student's Grade: _____

First Name: _____ Today's Date: _____

Last Name: _____ Gender (circle): Male Female

Middle Name: _____ Birth date: _____

Address: _____ Birthplace: _____

City, State, Zip: _____

Home Phone: (____) _____ Preferred name (if applicable) _____

School Presently Enrolled: Name _____ City/State _____

Ethnic Background (Check one – For Archdiocesan Purposes)

_____ American Indian _____ Asian _____ Bi-Racial

_____ Black (Non-Hispanic) _____ Hispanic _____ White (Non-Hispanic)

Religion (check one): _____ Catholic
 _____ Non-Catholic (*List denomination:* _____)

Baptism: Date _____ Church _____ City, State _____

First Communion: Date _____ Church _____ City, State _____

Reconciliation: Date _____ Church _____ City, State _____

Child lives with (check one): _____ Mother _____ Father _____ Both
 _____ Other (*Whom?* _____)

Does your child have special needs, a history of special services,
public school or private evaluations, or medical conditions/allergies? (circle) YES NO
If yes, please explain. _____

Transportation: Please circle Yes or No for each question.

Do you live 1.5 miles or more from the school?	YES	NO
Do you/will you usually walk to our school?	YES	NO
Do you/will you usually ride the bus to our school?	YES	NO
Do you/will you live within CCSD #15 ?	YES	NO

If no, what district? _____

Name of public school for your residence: _____



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FATHER

MOTHER

First Name: _____

First Name: _____

Last Name: _____

Last Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

E-Mail Address: _____

E-Mail Address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Religion: _____

Religion: _____

Birthplace: _____

Birthplace: _____

Marital Status: _____

Marital Status: _____

Maiden Name: _____

Stepparent's/Guardian's Name (if applicable):

Custodial Parent (if applicable):

Are you a registered parishioner of St. Thomas of Villanova Church? (Circle) YES NO

If yes, list parish envelope number: _____

For Office Use Only

Date Received _____ Initials _____ Cash Amount \$ _____

Check Amount \$ _____ Check Number _____