



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 _____