



ST. THOMAS
THE APOSTLE
SCHOOL

2010-2011 APPLICATION

PRE-K & K

TODAY'S DATE: _____

ENTERING GRADE: _____

Child's Name: _____ Gender: _____
Last First Middle

Home Address: _____
Number and Street City State Zip

Home Phone Number: () _____ Child's Social Security # ____ / ____ / ____

Parent e-mail: _____

Date of Birth: _____ Birthplace: _____
Month Day Year City, State or Country

Religion: _____ Parish: _____

Ethnic Background: (Circle One) [African-American] [White] [Hispanic] [Native American Indian] [Asian / Pacific Islander] [Bi-Racial]

Baptism: _____
Church City State

First Communion: _____
Church City State

Confirmation: _____
Church City State

School Presently Attending: _____

Name of Local Public School in your District: _____

Do you live 1½ miles or more from St. Thomas School? (Circle One) YES NO

Usual Transportation to St. Thomas School: ___ Walk ___ Car ___ CTA ___ School Bus

PARENT INFORMATION:

Father's Name _____

Place of Birth _____

Religion _____

Occupation _____

Business Name _____

Business Phone () _____

Deceased _____

*Separated _____

*Divorced _____

Mother's Name _____

Place of Birth _____

Religion _____

Occupation _____

Business Name _____

Business Phone () _____

Deceased _____

*Separated _____

*Divorced _____

Child Lives With _____

Language(s) Spoken at Home _____

*Custodial Parent Is _____

[SEE "SPECIAL NOTICE" ON REVERSE SIDE.]

SIBLINGS currently attending St. Thomas: _____

If the Guardian is neither Parent, LEGAL DOCUMENTATION is required:

Name: _____ Phone: () _____

Referred by an STA Parent? Name, please: _____

*****SPECIAL NOTICE*****

Because St. Thomas the Apostle School assumes responsibility for children in the school, it is important that we be notified of any special arrangements regarding custody of and access to children whose parents are divorced and/or separated.

St. Thomas the Apostle School follows the provision of the FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT and permits parents to inspect and review their child's school records. In the case of non-custodial parents, the school will provide such parents with access to the school records and other information of his or her child, including medical, dental, child care and other school records and other information of his or her child, including medical, dental, child care and other school records, unless the school is provided with a court order prohibiting that parent from inspecting or obtaining such records.

Please make arrangements at the school office to bring necessary documents and give information regarding child custody.

Please answer the following questions:

A: Home & Activities

Number of children in family _____

Child's rank in family _____

What previous group experience has child had?

Child Care How Long? _____

Other How Long? _____

- Child's special interest: _____

- What travel experiences has child had? _____

- How does child get along with adults? _____

- How does child get along with other children? _____

- Does child have any playmates? Yes _____ No _____

If Yes, how old are they? _____

- What forms of discipline are most often used in child's home? _____

B: HEALTH

- Health status: _____

- Serious illness or accidents: _____

- Allergies: _____
Pertinent information concerning allergies: _____

- Does child have any nervous habits? _____

- Any special fears (sounds, the dark, animals, etc.)? _____

- Any eye, ear, speech difficulties, or physical problems? _____

C: My Child

| | <u>NOT YET</u> | <u>NEEDS A LOT OF HELP</u> | <u>NEEDS A LITTLE HELP</u> | <u>NO HELP</u> |
|--|----------------|----------------------------|----------------------------|----------------|
| 1. Puts on and takes off clothing (shirt, coat, pants, socks, shoes) | [] | [] | [] | [] |
| 2. Fastens clothing | | | | |
| -Zippers | [] | [] | [] | [] |
| -Buttons | [] | [] | [] | [] |
| -Ties shoelaces or buckles | [] | [] | [] | [] |
| 3. Can use the toilet by himself/herself | [] | [] | [] | [] |
| 4. Follows simple directions without being reminded | [] | [] | [] | [] |
| 5. Tells what he/she wants or needs | [] | [] | [] | [] |

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|-------------------------------|----------------|--------------------------------|--------------------------------|----------------|
| D: <u>My Child</u> | | | | |
| 1. Likes to look at books | [] | [] | [] | [] |
| 2. Enjoys being read to | [] | [] | [] | [] |
| 3. Likes to listen to records | [] | [] | [] | [] |
| 4. Watches television | [] | [] | [] | [] |
| 5. Uses: | | | | |
| -Scissors | [] | [] | [] | [] |
| -Pencil and crayons | [] | [] | [] | [] |
| -Paints | [] | [] | [] | [] |
| -Clay | [] | [] | [] | [] |
| -PlayDough | [] | [] | [] | [] |
| -Paste or Glue | [] | [] | [] | [] |

| | <u>NOT YET</u> | <u>JUST BEGINNING</u> | <u>DOES WELL</u> |
|-------------------------------------|----------------|---------------------------|------------------|
| E. <u>My Child</u> | | | |
| 1. Talks in sentences | [] | [] | [] |
| 2. Can tell color of things | [] | [] | [] |
| 3. Says rhymes | [] | [] | [] |
| 4. Sings songs | [] | [] | [] |
| 5. Can tell "how many" of something | [] | [] | [] |
| 6. Recalls and retells stories | [] | [] | [] |

Please add any other information that would be helpful to the school in planning your child's program:

!!! APPLICATION IS NOT COMPLETE !!!
until Birth Certificate is received.