

St. Thomas the Apostle Catholic School

New Student Application

2026-2027

Our Vision

Through Him who is able to do immeasurably more than could be asked for or imagined, we will shine the glory of God in Christ Jesus in the Church and in our community to all generations by providing access to Catholic education at St.

Thomas the Apostle Parish.

Our Mission

St. Thomas the Apostle Catholic School welcomes all people as we welcome Christ, to pass on our rich heritage of Catholic faith from one generation to the next, and root education in the life of Christ so that each person may be filled with the fullness of God's love and flourish to His glory. (Ephesians 3:14-21).

Our Core Values

Welcome all as we welcome Christ
Serve children and their families
Form children in the love of Christ through the Catholic tradition
Live as a community of love

Please return the completed application to the school office

80 St. Thomas Way, Montevallo, AL 35115

Application Procedures

| Step One: Please complete and return the following to the school office: |
|--|
| □ Attached application □ Copy of student's most recent report card (for students enrolling in first or second grade) □ Copy of student's most recent test scores (for students enrolling in first or second grade) □ Nonrefundable \$25 (per child) application fee |
| Step Two: The school will inform the applicant's family by phone or email if the child has met the criteria for acceptance |
| Step Three: Upon acceptance, the guardian should contact the school to complete a tuition assessment. The tuition rate will be determined based on income. A tuition contract will be created and signed by the guardian. |
| Step Four: The following documents are to be submitted following the tuition assessment: ☐ Registration fee (\$40 for one child or \$100 per family) ☐ Copy of the student's birth certificate ☐ Copy of the student's social security card or equivalent ☐ Current immunization records |
| Step Five: The school will inform the family that the student has been accepted and put on a class roster. |
| Please note that students are not enrolled or placed on a class roster until all five steps are |
| completed and the tuition contract is signed |
| Registration Notes: |
| • An application must be completed for each student applying. |
| • Applications are accepted throughout the school year and summer. Enrollment is based |
| on the availability of space and acceptance from the admissions committee. |
| • Each student who applies will be evaluated by the admissions committee. |
| • Openings will be filled on a first-come, first-served basis, with priority given to |
| parishioners. Enrollment is not guaranteed. |

St. Thomas the Apostle Catholic School

Elementary Application

Child's Information

| Name: | | | | | | | |
|------------------------------|--------------|-------|----------|-------------------|---------------|----------------------|-----|
| | Last | | First | | Middle | Preferred Nan | ne |
| Gender: | _M | F | | | | | |
| Date of Birth: | | | | | | | |
| | Month | | Day | | Year | Age on Sept. 1, 2025 | |
| Grade applyin | g for: | | | | School Year:_ | | |
| Home Addres | s: | | | | | | |
| Home Addres | S | treet | | | City | State | Zip |
| Public school | for which | your | child is | s zoned: | | | |
| Place of Birth | | | | | | | |
| | | City | | State | | | |
| U.S. Citizen:Other(specify): | | | | Primary Language: | | | |
| Siblings (pleas | se list all) | : | | None: | | | |
| Name: | | | | | | | |
| Age: | | | | | | | |
| | | | | | | | |
| Grade: | | | | | | | |

Parent/Guardian Information

| Mother's Name: | |
|---|---------------------------|
| Address: | Same as child: |
| Phone Number: | Home or Cell (circle one) |
| Email Address: | |
| Employer: | |
| Occupation: | |
| Work Phone: | |
| Marital Status (circle one): Married Separated | |
| Father's Name: | |
| Address: | |
| Phone Number: | Home or Cell (circle one) |
| Email Address: | |
| Employer: | |
| Occupation: | |
| Work Phone: | |
| Marital Status (circle one): Married Separated | Divorced Remarried Single |
| In Case of Divorce (check the approp | <u>-</u> |
| What is the legal custody arrangement for the stude | ent?JointMotherFather |
| What is the primary residence of the student?l | BothMotherFather |
| Financial responsibility will be assumed byl | BothMotherFather |

^{*}A copy of the custody decree must be on file in the school's main office to adhere to specific arrangements regarding correspondence, visitation, and carpool.*

Religious Information Family religious affiliation: ____Other: ____Other: ____ Registered Parishioners of St. Thomas? Yes No; Parish **Sacramental Information for Catholic Applicants:** Date Name of Church City/State Baptism: Reconciliation: First Communion: Confirmation: School History: Please list the school(s) that the student has previously attended. Name of School: _____ Dates Attended: Grades: Name of School: Dates Attended: Grades: Name of School: Dates Attended: Grades: Name of School: Dates Attended: Grades: Has the student ever repeated a grade? Yes No If yes, what grade and why? **Emergency Contact Information** *Cannot be parents/guardians and must live in a 30-mile radius* Phone: ____ **1.** Name: Relationship to child: Alt. Phone: **2.** Name: ______ Phone: _____ Relationship to child: Alt. Phone:

Parent Questionnaire

| Does your child have an Individualized Education Plan (IEP) or 504 plan?YesNo If yes, please explain: |
|--|
| Does your child require any assistive equipment?YesNo If yes, please explain: |
| Does your child receive speech therapy or any other special services?YesNo If yes, please explain: |
| Does your child have any health conditions or concerns (i.e. asthma)?YesNo If yes, please explain: |
| Does your child take any medications regularly?YesNo If yes, please explain: |
| Has your child ever been suspended or expelled from school? If so, for what reason(s)? |
| |
| |
| |
| Has your child been tested for ADD/ADHD? If yes, when?Has your child been tested for any kind of learning difficulties? If yes, when?Please explain the outcome. |
| |
| |
| |

Application Agreement

| I understand that the completion of this application and | the remittance of the application fee does | | | | |
|---|--|--|--|--|--|
| not guarantee my child's admission into St. Thomas the | Apostle Catholic School. I understand | | | | |
| that the registration and application fees are non-refundable. Notification of acceptance will be | | | | | |
| sent to me following receipt and review of all required p | paperwork and fees. | | | | |
| Parent/Guardian Signature: | Date: | | | | |
| Parent/Guardian Signature: | Date: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Office Use Onl | $ \mathbf{y} $ | | | | |
| Application+fee(\$25) | | | | | |
| Previous report card | | | | | |
| Test scores_ | | | | | |
| Evaluation from previous school | | | | | |
| Birth certificate | | | | | |
| Baptismal certificate: | | | | | |
| Health/Immunization records: | | | | | |
| Residency information: | | | | | |