



Applicant's Name: _____ Gender (*circle one*) M F

Applying for admission for the school year beginning _____

Applying for grade (*circle one*): preK K 1 2 3 4 5 6 7 8

Place of Birth: _____ Date of Birth: _____

Family Address: _____
(Street) (City) (State) (Zip)

Family Phone: _____
(home #) (work - father) (work - mother)

E-mail Address: _____
(father's e-mail) (mother's e-mail)

Religion: _____ Parish/Church: _____ Active Non-Active

Date of Baptism: _____ Date of First Reconciliation: _____ Date of First Communion: _____

Please tell us how you heard about St. Thomas More Academy: _____

Please list the names of any St. Thomas More families you know: _____

Family Information

Father's Full Name: _____ Mother's Full Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Cell phone: _____ Cell phone: _____

Religious Affiliation: _____ Religious Affiliation: _____

Parish/Church: _____ Parish/Church: _____

Parents are : Married Divorced Separated Remarried

If parents are divorced or separated, with whom does the applicant live? _____

Please list the names and ages of the applicant's siblings:

1. _____ Age: _____ Applying for admission? Yes for grade _____ No

2. _____ Age: _____ Applying for admission? Yes for grade _____ No

3. _____ Age: _____ Applying for admission? Yes for grade _____ No

4. _____ Age: _____ Applying for admission? Yes for grade _____ No

please continue with application on page 2

Applicant's Academic History *(Please use additional paper if your responses require more space, and then attach to this application.)*

Please list the schools the applicant has attended, beginning with the most recent:

| School | Location | Attendance Dates |
|--------|----------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

1. Has the applicant ever skipped or been held back a grade? If so, please explain.

2. Does the applicant have a diagnosed physical or learning disability? If so, please explain and include copies of any evaluations that have been done, most recent IEP, and list any prescribed medications currently being taken. _____

3. Why do you want your child to attend St. Thomas More Academy? Your answer should reflect some understanding of the uniqueness of the curriculum and mission of the school. _____

4. What specific academic goals do you have in mind for your child? _____

5. What do you feel St. Thomas More Academy can offer your family and your child that other schools cannot? _____

Please read and sign the following statement: I hereby certify that all information provided on this application and all information given to STMA is complete and accurate. I understand that falsification or omission of information may result in disqualification of the application or subsequent dismissal from STMA. I also understand that all information submitted to STMA is confidential and that the Principal may disclose, for official purposes only, any information from the applicant.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Thank you for considering St. Thomas More Academy for your child.

Please return this completed form with a non-refundable \$75 application fee and copies of birth and baptismal certificates to:

Admissions Office • St. Thomas More Academy • 3989 Buckeystown Pike • Buckeystown, MD 21717