



St. Thomas Aquinas
2121 Reno Drive NE
Louisville, OH 44641
330-875-1631

Mrs. Teresa Caserta
Principal

Mr. Scott Giammarco
Assistant Principal

Mr. Ryan Hill
Director of Admissions

Mr. Angelo Pederzoli
Guidance Counselor

Mr. Nick Stanek
Athletic Director

Mrs. Barbara Vaughn
Business Manager

Website
www.aquinasknights.org

Twitter
[@stahsoh](https://twitter.com/stahsoh)

ST. THOMAS AQUINAS APPLICATION FOR STUDENT REGISTRATION

STUDENT DATA

Name _____
 First Middle Last

Address _____

City _____ Zip _____

Lives with: ___ Parents ___ Mother ___ Father ___ Legal Guardian

Birthdate _____ Male ___ Female ___

Social Security # _____ Birth Place _____

Preferred Name _____ Religion _____

Church/Parish _____

Current grade of child? _____ Grade child is applying for? _____

Public school district of residence? _____

PARENT/GUARDIAN DATA

Father's Name/Guardian _____

Cell Phone _____

Email _____

Address (if different from student) _____

Mother's Name/Guardian _____

Cell Phone _____

Email _____

Address (if different from student) _____

Is either parent/guardian a graduate of St. Thomas Aquinas?

___ Yes ___ No

SCHOOL LAST ATTENDED

School _____

Address _____

City _____

State _____ Zip _____

Grade at time of withdrawal _____ (if applicable)

Reason for transfer or withdrawal (if applicable) _____

Are there any Special Educational or Physical needs? ___ Yes ___ No

CHECKLIST OF MATERIALS FOR APPLICATION

- ___ Signed and completed application
- ___ Copy of student's most recent report card
- ___ Teacher Recommendation Form in sealed envelope
- ___ Copy of IEP/ISP, or any other special educational documents
- ___ Record request form
- ___ Legal custody documents
- ___ Tuition form

*No application will be processed without the submission of **all** required paperwork listed above. There may be additional information needed by St. Thomas Aquinas High School and Middle School upon review of the Application for admission.

PLEASE LIST ALL SCHOOLS PREVIOUSLY ATTENDED BY THIS STUDENT AND THE REASON FOR WITHDRAWAL

SCHOOL

YEAR

REASON FOR WITHDRAWAL

All Application Materials Received:

- _____ Medical Immunization Record
- _____ Records from all previous schools
- _____ Custody Documentation
- _____ Immigration & Naturalization Service Information
- _____ Parishioner Certification
- _____ Registration Fee
- _____ Special Educational or Physical Needs Description

By submitting this application I certify that all the above information is true and complete. I recognize and will meet my financial obligations to the school, tuition and fees that are charged for the education of my child.

Parent Signature _____

Date _____

FOR ADMINISTRATIVE USE ONLY

To be signed by the Principal or Enrollment Director when all applications are received

Entry Date: _____

Principals Signature: _____

Date: _____

**Please return application to: 2121 Reno Dr. NE Louisville, OH 44641
Attn: Ryan Hill**

OFFICAL APPLICATION FORM