ST. THOMAS AQUINAS
APPLICATION FOR STUDENT REGISTRATION

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

Mr. Kevin T. Irvine
Principal

Mr. Scott Giammarco
HS Vice Principal

Mrs. Jessica Emerick
MS Vice Principal

Mr. Ryan Hill
Director of Admissions

Mr. Angelo Pederzolli
Guidance Counselor

Mr. Nick Stanek
Athletic Director

Mrs. Barbara Vaughn
Business Manager

Website
www.aquinasknights.org

Instagram
@stahsoh

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