

# Application for Admission

---

## SAINT THOMAS MORE CATHOLIC SCHOOL



SAINT THOMAS MORE CATHOLIC SCHOOL

630 West Ponce de Leon Avenue

Decatur, GA 30030

404.373.8456 tel

404.377.8554 fax

[stm@stmga.org](mailto:stm@stmga.org)

[www.stmga.org](http://www.stmga.org)

## MISSION STATEMENT

*St. Thomas More Catholic School is a joyful learning community reaching out to the world as the hands of Christ.*

## OVERVIEW

St. Thomas More School is a Catholic school located in Decatur, Georgia, a suburb of Atlanta. St. Thomas More blends academic excellence with spirituality in the context of a strong community to provide our students an ideal environment for growing and learning. We believe that all children are God-gifted with ability to learn, achieve, and succeed at their own level. The life-long process of education is fostered at St. Thomas More School through the use of a sound curriculum and effective teaching.

Founded in 1950, and initially staffed by the Sisters of Notre Dame de Namur, St. Thomas More School has grown from eight classrooms to five buildings. In the tradition of Catholic education, spiritual leadership, respect and self-discipline, and a strong emphasis on academics, and services to the wider community are key components of what makes St. Thomas More special.

The school climate is very positive and caring. The Faculty and staff believe that caring personal

relationships begin in the home and are carried into the school. St. Thomas More is a unique community nourishing the mutual respect of people. The school population is a reflection of ethnic differences and diverse world cultures. Each student is welcomed and respected, and young people come to understand and accept one another. True community is lived at St. Thomas More in the lives of the students, faculty, staff, and parents.

Education is highly valued by the families who choose St. Thomas More School for their kindergarten to eighth grade children. St. Thomas More School has maintained consistently high standards of achievement in recent years.

As a parish school in the Archdiocese of Atlanta, St. Thomas More is guided by the rules, regulations, and policies set by the Archdiocese. On the local level, the St. Thomas More School Advisory Council oversees the general direction of the school. This Council meets bi-monthly.

St. Thomas More School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, scholarship and loan programs, and athletic and other school-administered programs.



Date filed \_\_\_\_\_

Entering grade \_\_\_\_\_

Office use only

Student Information

Full legal name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail address \_\_\_\_\_

Parish \_\_\_\_\_ County of residence \_\_\_\_\_

Birth date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Sex \_\_\_\_\_ Ethnic background (for census information only) \_\_\_\_\_ Social Security # \_\_\_\_\_

Name the child goes by \_\_\_\_\_

Sacramental Information

	Date	Church	Location
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Penance	_____	_____	_____
Confirmation	_____	_____	_____

Parent/Guardian Information

Married together     Married separated     Divorced     Other

Who has legal custody?     Both     Father     Mother     Other

Resides with:     Both     Father     Mother     Other

Mail report cards to:     Both     Father     Mother     Other

Send bills to:     Both     Father     Mother     Other

Father's full name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen:  Yes     No

Education:     Elementary     High School     College     Advanced

If different from applicant's:

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Pager \_\_\_\_\_ E-mail address \_\_\_\_\_

Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's full name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen:  Yes  No

Education:  Elementary  High School  College  Advanced

If different from Applicant's:

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Pager \_\_\_\_\_ E-mail address \_\_\_\_\_

Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Guardian's full name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Religion \_\_\_\_\_ U.S. Citizen:  Yes  No

Education:  Elementary  High School  College  Advanced

If different from Applicant's:

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Pager \_\_\_\_\_ E-mail address \_\_\_\_\_

Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Educational History

Previous school attended \_\_\_\_\_ Grade \_\_\_\_\_

Independent    Parochial    Public

Principal \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Other schools attended:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Location \_\_\_\_\_

Has your child been home schooled?  Yes    No

Which program did you follow? \_\_\_\_\_

Educational/psychological evaluations?  Yes    No

Has the student ever received an educational/psychological evaluation? If so, please give date \_\_\_\_\_.

ALL EDUCATIONAL/PSYCHOLOGICAL EVALUATIONS SHOULD BE SUBMITTED WITH THE APPLICATION TO THE ATTENTION OF THE SCHOOL COUNSELOR.

Medical conditions?  Yes    No

Does the applicant have any medical conditions that would prevent him/her from active participation in the school's physical education program or field trips? Has there been a need for any unusual medical care? If yes, please explain. Is student currently on any type of medication? If yes, please explain.

### Parents' Goals and Assessments

In order for the admissions committee to evaluate your child and his/her needs in regard to the programs offered, please answer the following questions.

*What type of educational program and environment do you seek for your child?*

*What specific talents and interests have you noted in your child?*

### *Additional information*

Please provide any additional information regarding your family (adoption, divorce, separation, changes in school, deaths of relatives/friends) or child (fears, social problems, etc.) that would help us know and understand his/her educational or personal needs.

## The School as community

*Family Participation*

As a school community, Saint Thomas More School has various functions to which immediate family members, grandparents, and friends are invited. Please provide the following information:

*Siblings*

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

*Paternal grandparents*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

*Maternal grandparents*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

*Please read and sign*

I have read and understood this application, and I further certify that the information I have submitted is complete and accurate to the best of my knowledge and belief.

I agree to communicate in writing to the Principal any changes contained herein even if said changes occur after my child has been enrolled.

I understand that upon discovery of substantial inaccuracy of any information herein, or omission of information requested herein, Saint Thomas More School reserves the right to revoke admission to the School.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*Please attach a recent photograph of the applicant.*

