



St. Thomas More Catholic School

1625 W. Highland Ave.
Elgin, IL 60123
(847) 742-3959

K-8 Registration Form 2024-25

Name of student registering: _____

Grade entering: _____

Parent 1:

Last Name: _____ First Name: _____

Relationship: Father Mother Guardian

Email Address: _____

Mobile Phone: _____ Mobile Carrier¹ _____

Employer: _____ Work Phone: _____

Parent 2:

Last Name: _____ First Name: _____

Relationship: Father Mother Guardian

Email Address: _____

Mobile Phone: _____ Mobile Carrier¹ _____

Employer: _____ Work Phone: _____

¹ Mobile carrier is required for emergency text alerts.

Parent(s) and Student:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Both parents live at the above address? Yes No (*if no, please fill out below*)

Parent 1 2 lives at:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Student:

Last Name: _____ First Name: _____ Middle Name: _____

Birthdate: _____ Place of birth: _____ Male Female

Student lives with (*check all that apply*):

Mother Father Guardian Relative Stepmother Stepfather Other

If applicable, legal custody held by (name): _____

If applicable, joint custody held: Yes No

(If you do not have joint custody a certified copy of the custody agreement must be attached to this form.)

Student Race: Native American Asian Black Native Hawaii/Pacific Island

White Two or more races Unknown Non-specified

Student Ethnicity: Hispanic or Latino Non-Hispanic/Latino Non-specified

Student (continued):

Last school attended: _____ Dates of attendance: _____

Sibling at STM: Yes No

Student is Catholic: Yes No *If no, please state religion:* _____

Home Parish: _____

Sacraments (*if applicable*):

	Date	Church	City	State & ZIP
Baptism				
Reconciliation				
First Communion				
Confirmation				

Special Needs (*if applicable*):

Student attends special education or Chapter 1 classes Yes No

Does student have special needs/problems? Yes No

If yes, please explain on a separate piece of paper and attach to this form.

Medical Information:

Doctor Name: _____ Phone Number: _____

Preferred Hospital: _____

Health Concern(s)/Allergies: _____

Student (continued):

Emergency Contacts *(please provide contacts other than parents)*:

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

In case of sickness of my child while under the care and supervision of the school, I the undersigned, hereby give my consent to administer first-aid, provide emergency care, and/or treatment through a clinic, a hospital, or private doctor. I give my express consent for x-rays if the doctor and/or hospital feel it advisable or necessary. I also agree to pay the entire costs and fees contingent upon any emergency medical care and/or treatment for my child as secured or authorized under this consent. This agreement shall continue as long as the above-named child is enrolled in the above facility.

Printed Name: _____ Date: _____

Signature: _____