



St. Thomas More Catholic School

1625 W. Highland Ave.

Elgin, IL 60123

(847) 742-3959

K-8 Application Form 2025-26

Student:

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

Birthdate: _____ Place of birth: _____ Male Female

Grade entering: _____

Last school attended: _____ Dates of attendance: _____

Parent 1:

Last Name: _____ First Name: _____

Relationship: Father Mother Guardian

Email Address: _____

Mobile Phone: _____ Work Phone: _____

Parent 2:

Last Name: _____ First Name: _____

Relationship: Father Mother Guardian

Email Address: _____

Mobile Phone: _____ Work Phone: _____

Parent(s) and Student:

Address: _____ City: _____ Zip: _____

Home Phone (if applicable): _____ Sibling at STM: Yes No

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

Parent 1 2 lives at:

Address: _____ City: _____ Zip: _____

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 Information:

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

Home Parish: _____

Sacraments (if applicable):

	Date	Church	City	State & ZIP
Baptism				
Reconciliation				
First Communion				

Special Needs (if applicable):

Does student have special needs/concerns? Yes No

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

Student Information (continued):

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

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Medical Information:

Health Concern(s)/Allergies: _____

Preferred Hospital: _____

Doctor Name: _____ Phone Number: _____

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: _____

Were you referred to St. Thomas More Catholic School by a current school family?

Yes

No

Referred by: _____

Family Name