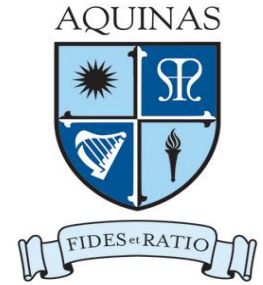




*Diocese of Arlington*  
**St. Thomas Aquinas Regional School**  
 13750 Mary's Way, Woodbridge, VA 22191  
 (703)491-4447 or fax (703)492-8828  
[www.aquinastars.org](http://www.aquinastars.org)



*Student Application for Admission*

School Year Applying for: \_\_\_\_\_ Applying For Grade \_\_\_\_\_ Application Date: \_\_\_\_\_

**STUDENT DATA- PLEASE COMPLETE ALL INFORMATION AND PRINT LEGIBLY**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth \_\_\_\_\_ City of Birth \_\_\_\_\_ State of Birth \_\_\_\_\_  
(mm/dd/yy)

Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Public School System in which student resides \_\_\_\_\_ Public School Child Would Attend \_\_\_\_\_

Email where official school communication can be sent \_\_\_\_\_

Check all that apply: Only Child at this school?  yes  no      Oldest Child at this school?  yes  no  
 If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

**Previous Schools Attended:**

Name of School	Dates	Grades	City	State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Students Religion: \_\_\_\_\_ Baptized?  yes  no

Ethnicity of child:  American Indian/Native Alaskan  Asian  Black  Hispanic  Native Hawaiian/Pacific Islander  
 White  Multi-Racial

**For Catholic Applicants:**

**Date**

**Church**

**City and State**

Baptism

Reconciliation

First Eucharist

Confirmation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Family Background**

**Mother**

**Father**

**Guardian (if Applicable)**

Full Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Maiden Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City, State, Zip

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Work Email

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religion

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parish Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary language spoken in the home

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Address of person responsible for tuition/fees payment:

\_\_\_\_\_

Marital Status:

- Married                       Single                       Separated                       Divorced\*  
 Mother deceased     Father deceased     Father Remarried     Mother Remarried

\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.

Grandparent Information: (If out of the United States, please put N/A. Please list full name i.e., Mrs. John Smith, Mr. Joe Jones)

**Paternal:** Name (Mrs./Ms.) \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

**Maternal:** Name (Mrs./Ms.): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Name (Mrs./Ms.): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Name (Mrs./Ms.): \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

Student lives with:     Both Parents     Mother     Father     Legal Guardian     Shared Custody     Stepmother     Stepfather

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admissions.

Has your student ever been suspended, dismissed, expelled, or not permitted to re-enroll in a school?     Yes     No    If yes, please give the name of the school and explain the reasons on a separate sheet of paper.

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language (ESOL), or medical condition?     Yes     No

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide the dates of IEP, Student Assistance Plan, Special Education Child Study, Special Education Eligibility Date from base public school and Special Education Triennial.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

**Applicant Name:** \_\_\_\_\_ **Grade Applying for:** \_\_\_\_\_ **Parish:** \_\_\_\_\_  
Last Name, First Name

To be considered for admission, the following documents, including a non-refundable application fee of \$35.00, **must** accompany this application. Incomplete applications will be returned and not considered until all the documentation is submitted.

1. Copy of Baptismal Certificate (Catholics only) Reconciliation and Eucharist Certificates (if applicable).
2. Copy of Custody decree (if applicable).
3. Copy of birth certificate.
4. Current report card including comments **and the two** previous academic years' report cards.
5. Current standardized test scores plus the two previous years, if available.
6. Confirmation of Parish Registration must be completed and submitted by you to your Parish. The Parish will complete the form and return it to the school.
7. Student Questionnaire, Parent Questionnaire, and teacher recommendation form.
8. Immunization Record (An updated Virginia School Entrance Health Form and physical will be required during registration).
9. Non-refundable application fee.

I verify that the information provided within this application is correct. I authorize the release of my child's records (to include all test scores, Psychological Evaluations, Custody Information, Discipline Records, and Attendance) to St. Thomas Aquinas Regional School.

\_\_\_\_\_ Printed Name of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**OFFICE USE ONLY:**

Application Date _____	Application Fee _____	Birth Certificate _____
Baptismal Certificate _____	Immunization Record _____	Physical Form _____
Custody Decree _____	Report Cards _____	Test Scores _____
Scholastic Form _____	Assessment/Interview _____	Confirmation of Parish Registration Form _____
In Parish _____	Out of Parish _____	Non-Catholic _____
Date Accepted _____		



# Parent Questionnaire PK-8 Grade

Student Name: \_\_\_\_\_ Parent Name: \_\_\_\_\_

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Why are you interested in having your student attend Aquinas?

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Describe and explain any serious disciplinary problems that your child has experienced at any previous school?

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Has your child received treatment in the last three years for any serious medical condition, describe the condition for which treatment was received and the nature of the treatment provided?

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Has your child ever been administered a psycho-educational test or battery? Has your child participated in a gifted or talented program? Does your child have a learning disability or an IEP? Has your child ever been diagnosed as ADD or AHDD? Is your child on medication?

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How do siblings and other children interact socially with your child?

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**Parent Questionnaire, pg 2**  
**PK-8 Grade**

Student Name: \_\_\_\_\_

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Are there any custody arrangements of which we should be aware? If so, please explain.

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What are your child's feelings about school? Do they have any fears or worries?

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Who disciplines your child? What method is used? How does your child respond?

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Has your child been withdrawn or dismissed from any former school for any reason? If yes, please explain

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Does your family attend Mass? Where do you go? List some examples of how your family lives your faith?

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Is there anything you would like us to know about your child as we consider your application?



## Student Recommendation Form, Grades 2-8

\_\_\_\_\_ is applying for admission to St. Thomas Aquinas Regional School for grade \_\_\_\_\_. The admissions office would greatly appreciate your cooperation in giving as full an appraisal as possible of this student's performance. These comments are especially helpful in assessing an applicant's qualifications. The more information we have, the better we can meet the needs of this child. Please complete and return the recommendation to our admissions office at your earliest convenience. All reply's will be kept confidential.

School Name: \_\_\_\_\_

Teacher Name: \_\_\_\_\_

School address \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*The following to be completed by the student's current teacher:*

1. What grade placement do you recommend for the coming school year? \_\_\_\_\_

2. Has the student ever been recommended for or identified as needing:

- a. Psychological testing Yes\_\_\_ No
- b. Educational testing Yes\_\_\_ No\_\_\_
- c. Special education Yes\_\_\_ No
- d. Gifted program Yes\_\_\_ No\_\_\_
- e. Grade retention Yes\_\_\_ No\_\_\_

3. If the answer is **yes** to any of the above, did the parents cooperate fully?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the student ever exhibited any type of behavior that would be detrimental to the class as a whole? (If **yes**, please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	UNKNOWN
INTELLECTUAL ALERTNESS					
INDUSTRY					
ABILITY TO LEARN					
LEADERSHIP					
SENSE OF HONOR					
RELIABILITY					
COOPERATIVENESS					
MATURITY					
SENSE OF RESPONSIBILITY TOWARD STUDY					
WORK HABITS i.e. listening, following directions					

*We are particularly interested in evidence about character, relative maturity, independence, his/her values, the things about which the student is enthusiastic, and any special talents he/she may possess. We would like to know both strong and weak points. If more space is needed, please use back of this form.*

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone #

\_\_\_\_\_  
Date

*Please submit to:*

**St. Thomas Aquinas Regional School  
ATTN: Office of Admissions  
13750 Mary's Way  
Woodbridge, VA 22191**

**Thank You!**

