

St. Thomas More School

Registration Information

Family Name _____

Name of Children	Date of Birth	Gender	Race

Mother's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Number _____

E-Mail Address _____

*You will be contacted via email on a regular basis

Father's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Number _____

E-Mail Address _____