

St. Thomas More School

Registration Information

Family Name _____

Name of Children <small>*include last name if different</small>	Date of Birth	Gender	Race	Grade Entering

Mother's Name _____

Address _____
City State Zip

Home Phone _____
Work Phone _____
Cell Number _____

E-Mail Address _____

*You will be contacted on a regular basis. PLEASE PRINT CLEARLY.

Father's Name _____

Address _____
City State Zip

Home Phone _____
Work Phone _____
Cell Number _____

E-Mail Address _____