



Account # \_\_\_\_\_

St. Thomas Episcopal School
1416 North Loop 1604 East
San Antonio, Texas 78232
(210)494-3509 (210)494-0678 fax
www.stthomaskids.com

For office use:
Grade Level \_\_\_\_\_
Fees Pd. \_\_\_\_\_ Ck. # \_\_\_\_\_
Birth Certificate \_\_\_\_\_

St. Thomas Parish Mbr?
Yes No
Spirit of Women Mbr?
Yes No

TWO-YEAR OLD
PRESCHOOL – Application for Admission – 2010-2011

(Please use blue or black ballpoint pen/Please print clearly)

Child's Legal Name \_\_\_\_\_ Prefers to be called \_\_\_\_\_
First Middle Last

Date of Birth \_\_\_\_\_ Male Female Child's Social Security Number \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Ethnic Information (Optional)-requested by SAES
African American Hispanic/American Caucasian
Asian American Other

OPTIONS: 2 day 2's 3 day 2's 5 day 2's (8:00 a.m. to 11:45 a.m.)

PLUS (Optional): Afternoon Extended Care (12:00-3:00 p.m.)
Early Morning Care (7:00-8:00 a.m.)
After School Care (3:00-6:00 p.m.)

Parent/Guardian & Billing Information

Father – Full Name \_\_\_\_\_ Mother – Full Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ Address (if different from above) \_\_\_\_\_

City/Zip \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Home Telephone \_\_\_\_\_

Employment: Business/Employer \_\_\_\_\_ Employment: Business/Employer \_\_\_\_\_

Position/Title \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ Telephone \_\_\_\_\_ Cell \_\_\_\_\_

Church Home: \_\_\_\_\_

Parents are : Living Together/Married Separated Divorced Mother Remarried Father Remarried
Father Deceased Mother Deceased

Child living with: Both Parents Mother Father Other (specify) \_\_\_\_\_

Person responsible for financial obligations: \_\_\_\_\_

Siblings Attending St. Thomas: \_\_\_\_\_ Class/Grade(s) \_\_\_\_\_

Siblings who previously attended St. Thomas \_\_\_\_\_ When \_\_\_\_\_

How did you hear about St. Thomas? \_\_\_\_\_

Please submit completed and signed APPLICATION FORM,
Application fee (check payable to STES), and a copy of the
Birth Certificate.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_