

Supplemental Parent Information (one per family)

Parent Name:

Student Last Name:

If your student is applying for PK which session are you applying for Morning (8:00-11:00)
or All Day (8:00-3:00).

Aquinas requires a Student Recommendation be completed by your student's current teacher if they have been in school or daycare. The recommendation form will be sent from Aquinas to the teacher via email. Please provide the following information:

Student Last, First Name	Grade	Teacher Name	Teacher Email	School Name

How did you hear about Aquinas (friend recommended, bulletin ad, announcement at Mass)? Why are you interested in having your student attend Aquinas?

Are you registered in a Catholic Parish? Does your family attend Mass? Where do you attend?

List some examples of how your family lives your faith.

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

Is there anything else you would like us to know about your family or student as we consider your application?

Are there any custody arrangements or issues we should be aware of?



St. Thomas Aquinas Regional School AQUINAS

13750 Mary's Way
Woodbridge, VA 22191
Phone: 703.491.4447
Fax: 703.492.8828

2021-2022 CONFIRMATION OF PARISH REGISTRATION (One per family/not per student)

EACH FAMILY MUST COMPLETE THIS FORM AND FORWARD IT TO THEIR PARISH. ONLY NON-CATHOLIC FAMILIES MAY RETURN IT DIRECTLY TO THE OFFICE. FAMILIES WHO DO NOT HAVE A CURRENT FORM ON FILE ARE GIVEN THE NON-CATHOLIC RATE.

_____ I am a registered Parishioner at ___ Our Lady of Angels, ___ St. Elizabeth Ann Seton, or ___ Sacred Heart. By completing and submitting this form to your Parish, you are acknowledging that you are an active member and supporting the Parish and its programs. If your family has not been actively participating or you have not been financially supporting your Parish over the past year, it is assumed that you are not participating and you will be charged the non-Catholic rate.

_____ I am a non-parishioner and registered at _____ Parish. Please forward this form to your parish office. The parish office will then complete the form and return it directly back to Aquinas. Only families with a signed form from your parish will receive the non-parishioner rate.

_____ I am a (circle one) Non-Catholic or Non-Active Catholic. Non-Catholics or Non-Active Catholics should mark this line and return it with your registration forms.

Please print all information

Parent(s) First and Last Name _____

Student(s) Full Name(s and grade): _____

Address _____

City: _____ State: _____ Zip: _____ Phone: _____ cell or home

Email address: _____

Please check any parish activities in which you currently participate:

_____ Choir	_____ Extraordinary Minister of Holy Communion	_____ Hospitality
_____ Knights of Columbus	_____ Ladies Guild/Catholic Women's Council	_____ Lector
_____ Legion of Mary	_____ Parish Council	_____ Altar Server
_____ Rel. Ed./CYM/RCIA	_____ St. Vincent de Paul Society/Family Concerns	_____ Usher
_____ Perpetual Adoration	_____ Parish fundraising activities	

• Briefly comment on your parish involvement: _____

To be completed by a parish representative and returned to the school office. The above family is a registered and an active member in (please check the appropriate parish):

Our Lady of Angels Parish Sacred Heart Parish St. Elizabeth Ann Seton Parish _____ (Other)
The family registered in the Parish in _____.

Non-active. We are unable to confirm this family's participation in our parish.

Signature of Pastor _____ Date _____