ADMISSIONS DATES

Early decision for Catholic families due by February 23, 2026
Applications/supplemental forms due by March 6, 2026

October 10, 2025	Online application and supplemental forms available on website.
November 20, 2025	Open House (RSVP on the Website)
January 12, 2026	Diocesan Tuition Assistance/Financial Aid applications and all supporting documentation due for parents with both a student in Catholic high school and elementary school
January 29, 2026	Open House (RSVP on the Website)
February 2, 2026	Appointments for placement testing for grades1-5 begin Appointments for placement testing and interviews for grades 6-8 begin PK and Kinder appts for screening begin
February 23, 2026	Deadline for submission of all forms for early decision for Catholic families.
March 6, 2026	Electronic applications and supporting documentation due for consideration in first round of acceptances. Applications are still accepted after this date as part of rolling admissions which goes through the beginning of the school year.
March 14, 2026	Diocesan Tuition Assistance applications and all supporting documentation due for parents with only a student in elementary (K-8) school.
Late March/April	Acceptance notifications sent out via email

Application Process

The application process is completed in two steps. There is an online application that collects basic demographic information and there are supplemental forms that need to be downloaded or can also be picked up in the school office.

Step 1. Online application. Complete the online electronic application which can be found on the school's website (aquinastars.org) under the admissions tab > how to apply.

> When entering information into the online application form, please enter the primary person responsible for coordinating the application (mother and/or father) into contact 1. The other parent should be listed as contact 2 and then enter the Emergency Care contacts. All other contacts should be after the parents. You can have up to 6 contacts.

You will need the following documents electronically so you can upload them as part of the online application:

- Birth certificate
- Baptismal Certificate (required for Catholic students)
- School Entrance Health Form (physical form with immunizations). A NEW School Entrance Heath Form, must be submitted for admissions. The date of the physical (found on pg 4) must have been completed after August 22, 2025
- Individualized Education Plan, 504 Plan, Special Education Child Study minutes, or Student Assistance Plan

For PK, students need to be four by September 30. For Kindergarten, students must be five by September 30

Step 2. Supplemental forms. Download from the admissions page > How to Apply > supplemental forms. The supplemental forms are required before we can begin processing your application. The supplemental forms can be emailed to the admissions office at admissions@aquinastars.org or dropped off at the school office. Paper copies of the forms are available in the admissions folder or can be picked up in the school office. Office hours are Monday-Friday, 8:00-2:30 p.m.

Step 3. Pay the application fee. Payment is made via the link found on the website under admissions > How to Apply

Step 4. Tuition Assistance/Scholarships. If you need financial assistance, please complete the application at FACTS Grant and Aid (https://online.factsmgt.com/signin.aspx). You must have submitted an admissions application to the school, before your tuition assistance application will be considered. See the flyer for more information on Financial Aid

Application steps	**Step 1** – Complete the online application. The link is on the admissions page > how to apply. List person responsible for coordinating the application as contact 1. **Step 2** – Download and complete the Family Faith Form, Request for Records, Parent Questionnaire, and Student Questionnaire. Emal completed forms to admissions@aquinastars.org or drop them off at the school office. **Step 3**– Pay the application fee. Payment is made via the link on the admissions >how to apply page Step 4 – Complete application for Tuition Assistance, if needed
Application Fee	Link on admissions >how to apply page. Non-refundable application fee of $75.00 for sibling of a current family or $150 for a new family
Copy of Birth Certificate	Uploaded, A copy is required with your application and should be uploaded directly into the online application
Baptismal certificate for Catholic families	Uploaded. Catholic only. Includes Baptismal, Reconciliation, and First Eucharist (if they have been received
Request for Records/Student Records	Found in supplemental forms on the admissions page >how to apply. Required for students applying for grades 1-8. Form can be mailed, emailed, or dropped, at school office. Aquinas will request records for students who attend public/private school. Homeschooled students should submit report cards and testing with their other documentation.
Student Recommendation Form	The student recommendation form will be emailed by the school to your child's current academic teacher. The teacher will email it directly back to the school office. We use the information you provide on the Parent Questionnaire.
Family Faith Form	Mailed or emailed. This **form is required for all applicants** whether they are catholic or not. For non-Catholic families, the form should be completed and submitted with the other documentation/forms. For Catholic families, the form should be submitted to your parish at the following email addresses or dropped off at your parish office. Sacred Heart –office@shcva.org St. Elizabeth Ann Seton - receptionist@setonlakeridge.org Our Lady of Angels – olas.t.a.r.s@olacc.org Catholic families that are out of the area should also complete and submit the form so they can receive the Catholic rate for the first year.
Parent Questionnaire	One per student. Can be emailed or dropped off at school office.
Health Forms-Immunizations and School Entrance Health Form	Mailed, emailed, or dropped off at the school office. At a minimum, a list of immunizations for your student has to be submitted with your application. The completed School Entrance Health Form is required before a student will be allowed to start and must be submitted by **August 1**. Physical dates on the School Entrance Health Form (pg. 4) must be after 8/22/2025.
Student Questionnaire	Required for students applying for grades 1-3 and 4-8.
Custody Decree	Mailed, emailed, or dropped off at school office. A copy of the custody decree should be provided with the other documentation.
IEP/504/ELL or other information	If you child has an IEP or 504 plan please contact the admissions office **before** completing the application documentation so we can determine if we can accommodate the student

St. Thomas Aquinas Regional School
AQUINAS
13750 Mary's Way
Woodbridge, VA 22191
Phone: 703.491.4447
www.aquinastars.org

2025-2026 Family Faith Form (one per family/not per student)

(Previously Parish Confirmation Form)

All families need to complete the top portion of this form and check **the appropriate boxes.** If you are a Catholic family at one of our three parishes you can email your form to (Our Lady of Angels: olas.t.a.r.s@olacc.org; St. Elizabeth Ann Seton: c.ohearn@setonlakeridge.org; Sacred Heart: office@shcva.org) or drop it off at the Parish Office. If you are a non-Catholic family, please return your form directly to the school office. **Returning families must have their form submitted to their Parish by March 1 or incur a late fee**. Please print all the information.

Date: _____

Parent Name(s): _____

Parent street address: _____

City: _____ State: _____ Zip: _____

Parent Email: _____ Parent Phone: _____

List all student(s) names/grades: _____

_____

ARE YOU …

Catholic

☐ Yes, we are Catholic

New applicants: I've provided a copy of my child(ren)'s baptismal certificate as part of my application. ☐

Non Catholic. We want to be sensitive to families of other faiths. Please share with us your faith background or religion. Our family is:

_____

_____

Submit this form to the school office

Are you a parishioner of ☐ Our Lady of Angels, ☐ Saint Elizabeth Ann Seton, or ☐ Sacred Heart?

Yes. Submit this form to your parish.

No. Please list your Catholic parish

_____

Submit this form to your parish or if no parish return this completed form to the school office

To be completed by the Parish Office

____ Parishioner _____ Subsidized or _____ not Subsidized

____ Non-Parishioner

_____ _____

Pastor Signature **Date**

Parent Questionnaire for Grades PK-8

Student Last Name:	**Student First Name:**	**What grade are you applying for:**

If applying for PK, please check which session: ☐ **3 days a week (Tu/W/Th)** ☐ **5 days a week**

Aquinas requires a Student Recommendation Form to be completed by your student's current teacher for students in grades 1-8. The recommendation form will be sent from Aquinas to the teacher's email account. Please let the teacher know to expect it. Please provide the following information:

Name of academic/homeroom teacher	Subject(s) taught
Email address of teacher (please print)	Name of school your child is currently attending:

Are there any custody arrangements of which we should be aware?

Who does your child live with?

☐ Both parents full time ☐ Both parents part time ☐ Mother ☐ Father ☐ Grandparent

☐ Guardian ☐ Other, please specify _____

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

Are you Catholic? _____ If yes, what parish are you registered at _____

_____

If applying for grades 3-8 and Catholic, has your child made their First Holy Communion/Confirmation?

Holy Communion : ☐ Yes ☐ No / **Confirmation:** ☐ Yes ☐ No ☐ Not eligible yet

If no, would you like information on sacramental preparation? _____

Does your family attend Mass/religious services? If not Catholic, please list religion. Include some examples of how your family lives your faith?

Describe and explain any disciplinary problems that your child has experienced at any previous school? Have they ever been suspended, received detention, or a demerit? Has your child been withdrawn, dismissed or asked to leave any school for any reason? If yes to any of the above, please explain.

Has your child participated in a gifted or talented program? If yes, please include years attended.

Has your child ever been administered a psycho-educational test or battery? Does your child have a learning disability or an IEP/504 Plan? Has your child ever been diagnosed as ADD/ADHD? Is your child on medication?

What are your child's feelings about school? Does he/she have any fears or worries?

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

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

Has your child received treatment for any serious medical condition? If so, describe the condition for which treatment was received and the nature of the treatment provided.

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

St. Thomas Aquinas Regional School
AQUINAS

13750 Mary's Way
Woodbridge, VA 22191
Phone: 703.491.4447
Fax: 703.492.8828
www.aquinastars.org

Release of Student Records

Date: _____

Name and Address of School currently attending:

_____ Phone # _____
_____ Fax# _____
_____

The following student(s) have applied for admission to St. Thomas Aquinas Regional School for the 2026-2027 school year:

_____ _____
Childs name Date of Birth Grade

_____ _____
Childs name Date of Birth Grade

Please forward the following information to my attention at the above address or by email as soon as possible so that their application and educational placement may be considered. Final records will be requested when/if the student is accepted.

Report Cards through most recent quarter
Transcript page of cumulative grade history
Standardized Test Scores
Attendance Information
Discipline Record
Psychological/Educational Evaluations
School Entrance Health Form/Immunizations
WIDA or ACCESS Individual Student Report
IEP/504 Plan
Child Study Referrals
Speech and Language Evaluations Custody
Screening and Eligibility Minutes

Note: In accordance with FERPA (Family Educational Rights and Privacy Act), records transferred between schools do not require parent signature for release.

Thank you in advance for your assistance.

Sincerely,
Ms. Karen Cardinale
Admissions/Registrar
kcardinale@aquinastars.org

I give my consent for my child's records to be released to St. Thomas Aquinas Regional School and for their current teacher to complete the Aquinas Student Recommendation Form.

_____ _____
Parent Signature Date

Student Questionnaire for Grades 1-3

Student First and Last name: _____

Parents, please check the appropriate box. If possible, the child should complete the questionnaire on his/her own.

☐ **Transcribed by parent from verbal responses from child (For Kindergarten only)**

☐ **Completed independently without help from parent**

1. What is your favorite subject in school? What do you like about it? If you can, please answer in complete sentences.

Student Questionnaire for Grades 1-3

2. Do you know how to pray? Do you have a favorite prayer? If you can, please answer in complete sentences.

3. What is one way students should be kind to their friends? What is your favorite game to play with your friends? If you can, please answer in complete sentences.

4th-8th Grade Student Questionnaire

Please print in your own handwriting, completing the front and back. Attach a separate sheet if needed. Return completed form to Admissions office via email at admissions@aquinastars.org or drop off at school office.

Student Name:_____(please print)

What School are you currently attending? _____

Please answer all questions in complete sentences.

What do you think about homework? How much do you usually have? Have you ever worked with tutor ?
Have you ever been tested for any special academic programs (honors, gifted, accelerated courses)?
What academic subjects do you enjoy the most? The least? How do you define “academic success”? How can you achieve it?
Tell us about your current school. What do you like/dislike? What is your classroom like? What would you change and why?

4th – 8th Grade Student Questionnaire Pg. 2

All answers should be written in complete sentences.

What Math Class are you in? (Math, Pre-Algebra, Algebra). What Math textbook do you use? Do you write often? Have you studied a foreign language? If so, which one?
What are your primary interests outside of school? (hobbies, special interests, musical instruments, talents, sports)
Have you even gotten into trouble at school? Received a detention, demerit, or suspension?
Are you Catholic? If so, where do you attend Mass? If not, what religion are you and where do you attend church services? Do you like going to church? How do you practice your faith?
Tell us the name of a book you read recently. Using complete sentences write 3-5 sentences about the characters and what you liked or disliked. If you have not read a book recently, tell us about a trip you took, why you went there, and what did you see?
Scenario: In your class there is a student who is considered a "nerd" and some of your classmates call him/her names. The problem is getting worse. How would you handle it if you were the student? A classmate? Why do you think these things happen?

This page is to be completed by the parent.

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no earlier than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: _____/____/_____ Sex: _____ State or Country of Birth:_____Main Language Spoken: _____

Student's Address_____ City_____ State_____ Zip Code_____

Name of Parent or Legal Guardian 1:_____Phone:_____-_____-_____Work or Cell: _____ - _____-_____

Name of Parent or Legal Guardian 2:_____Phone:_____-_____-_____Work or Cell: _____-_____-_____

Emergency Contact:_____Phone:_____-_____-_____Work or Cell: _____-_____-_____

Hospital Preference: _____

Child's Health Insurance: None☐ FAMIS Plus (Medicaid) ☐ FAMIS☐ Private/Commercial/ Employer Sponsored☐_____

Box 1. Pre-Existing Conditions

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes: Type 1		
Please list **Life Threatening Allergies**:			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		
Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		

Describe any other important health-related information about your child (☐ Feeding tube , ☐ Trach , ☐Oxygen support, ☐ Hearing aids, ☐ Dental appliance, ☐ Wheelchair, Hospitalizations, etc.):

Box 2. Medications

List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):

Medication Name	Dosage	Time Administered (Home/School)	Notes
1.			
2.			
3.			
4.			

Additional Medications (Name, Dose, Time Administered, Notes)

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

I_____ authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian:_____Date:_____/_____/_____

Signature of Interpreter: _____Date_____/_____/_____

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Part II - Certification of Immunization

Check if the student's Immunization Records are attached using a separate form signed by HCP ☐

Section I

See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. Please contact your local health department for assistance with foreign vaccine records.

Student Name: **Date of Birth :** / / **Sex:**

Race (Optional): **Ethnicity:** ☐ **Hispanic** ☐ **Non-Hispanic**

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)	1	2	3	4	5
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)	1	2	3	4	5
Tdap Vaccine booster	1				
Poliomyelitis Vaccine (IPV, OPV)	1	2	3	4	5
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age	1	2	3	4	
Rotavirus Vaccine (RV) only for children < 8 months of age	1	2	3		
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age	1	2	3	4	
Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)	1	2			
Measles Vaccine (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
Rubella Vaccine	1	2	Serological Confirmation of Rubella Immunity:		
Mumps Vaccine	1	2	Serological Confirmation of Mumps Immunity:		
Hepatitis **B** Vaccine (HBV) ☐ Merck adult formulation used	1	2	3	4	
Hepatitis **A** Vaccine	1	2			
Meningococcal **ACWY** Vaccine	1	2			
Meningococcal **B** Vaccine	1	2	3		
Human Papillomavirus Vaccine (HPV)	1	2	3		
Influenza (Yearly)	1	2	3	4	5
Other	1	2	3	4	5
Other	1	2	3	4	5

Certification of Immunization

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official:_____ **Date (*Mo., Day, Yr.*):** 12 /___/____

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date. This section must be attached to Part I Health Information (to be filled out and signed by parent).

Student's Name: _____ Date of Birth: |____|____|_____|
Parent or Legal Guardian Name: _____
Parent or Legal Guardian Name: _____
Phone Number: _____

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

_____

_____

_____

DTP/DTaP/Tdap :[____]; DT/Td:[____]; OPV/IPV:[____]; Hib:[____]; PCV:[_____]; RV:[____]; Measles :[_____];

Mumps:[____]; Rubella :[____]; VAR:[_____]; Men ACWY:[____]; Men B:[____]; Hep A:[_____]; HBV:[____]

This contraindication is permanent: [ ], or temporary [ ] and expected to preclude immunizations until: Date (*Mo., Day, Yr.*): |_____|_____|_____.

Signature of Medical Provider or Health Department Official:_____Date (*Mo., Day, Yr.*):___/___/___

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on_____.

Signature of Medical Provider or Health Department Official:_____Date (*Mo., Day, Yr.*):|___|___|___|

Section III Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth:_____/_____/_____ Sex: M F

Health Assessment

Date of Assessment: ____/____/____ **Must be dated after 8/22/2025**

Weight:_____lbs. Height:_____ft._____in.

Body Mass Index (BMI):_____BP_____

❑ Age / gender appropriate history completed

❑ Anticipatory guidance provided

Physical Examination

1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment

	1	2	3		1	2	3		1	2	3	
HEENT				Neurological				Skin				
Lungs				Abdomen				Genital				
Heart				Extremities				Urinary				

Tuberculosis Screening

Check the box that applies:

☐ No risk for TB infection identified	☐ No symptoms compatible with active TB disease	☐ Risk for TB infection or symptoms identified

Test for TB Infection: TST IGRA Date: TST Reading mm TST/IGRA Result: ☐ Negative ☐ Positive

CXR required if positive test for TB infection or TB symptoms. CXR Date:_____ ☐ Normal ☐ Abnormal

EPSDT Screens Required for Head Start – include specific results and date:

Blood Lead:_____ Hct/Hgb _____

Developmental Screen

Assessed for:	*Assessment Method:*	*Within normal*	*Concern identified:*	*Referred for Evaluation*
Emotional/Social				
Problem Solving				
Language/Communication				
Fine Motor Skills				
Gross Motor Skills				

Hearing Screen

❑ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.

❑ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Referred

	1000	2000	4000
R			
L			

☐ Referred to Audiologist/ENT ☐ **Unable to test – needs rescreen**

☐ Permanent Hearing Loss Previously identified: ☐ Left ☐ Right

☐ Hearing aid or another assistive device

Vision Screen

☐ With Corrective Lenses (Check if yes)

Stereopsis ☐ Pass ☐ Fail				☐ Not tested
Distance	Both	R	L	Test used:
	20/	20/	20/	

☐ Pass ☐ Referred to eye doctor ☐ **Unable to test-needs rescreen**

Dental Screen

☐ Problems Identified: Referred for Treatment

☐ No Problem: Referred for prevention

☐ No Referral: Already receiving dental care

☐ **Unable to perform**

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

Summary of Findings (check one):

☐ Well child; no conditions identified of concern to school program activities

Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):

_____

____**Allergy:** ☐ food:_____ ☐ insect:_____ ☐ medicine:_____ ☐ other:_____

Type of allergic reaction: ☐ *anaphylaxis* ☐ *local reaction* *Response required:* ☐ *none* ☐ *epinephrine auto-injector* ☐ other::_____

____I**ndividualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

____**Restricted Activity Specify:** :_____

____**Developmental Evaluation** ☐ Has IEP ☐ Further evaluation needed for: _____

____**Medication.** Child takes medicine for specific health condition(s). ☐ Medication must be given and/or available at school.

____**Special Diet Specify:** _____

____**Special Needs Specify:**_____

Other Comments:_____

Health Care Professional's Certification (Write legibly or stamp) ☐ **By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).**

Name:_____ **Signature:**_____

Practice/Clinic Name: _____ **Address:**_____

Phone:_____-_____-_____ **Fax:** _____-_____-_____ **Email:**_____

NEW STUDENT REFERRAL PROGRAM

Many of our new families initially hear about St. Thomas Aquinas Regional School through a personal referral from an existing school family. Now we want to reward them for promoting our school to their family and friends! Through our **New Student Referral Program**, a current family can receive a **$200 tuition credit** for referring one new family or a **$400 tuition credit** for referring two new families.

Here's how it works:

- The New Student Referral Program is open to all parents or legal guardians with Pre-K through 8th grade students enrolled at St. Thomas Aquinas Regional School, and all teachers and staff from St. Thomas Aquinas Regional School.
- Tuition credit awards will be given for referring **new families** to the school**.** To qualify for the incentive, referred students cannot be a sibling of a student currently or previously enrolled in St. Thomas Aquinas Regional School, and the family cannot already be included in the St. Thomas Aquinas Regional School Family Database.
- To qualify, referrals must be acknowledged during the initial contact with the school. **To receive tuition credit, the Referring Family must ensure that the Prospective Family submits the Referral Form included in the New Student Application Packet.**
- All new students must meet standard enrollment criteria, be admitted, and be enrolled in the school for at least 30 days.
- Tuition credits will be applied to the referring family in October for students starting at the beginning of the school year. Credits for students starting through the end of December will be applied one month following the start date of the referred family. Tuition credit for students starting from January – May will be applied in October if the student remains enrolled at St. Thomas Aquinas Regional School the following year.
- Families who paid their tuition in full, and teachers and staff making referrals, will receive an incentive check equal to the amount of the tuition credit.

***Each St. Thomas Aquinas Regional School family can be awarded up to two referrals per school year for a maximum of $400 in tuition credit.** The Student Referral Incentive Program is subject to review and modification. Interpretation of program parameters will be at the discretion of the Principal.

St. Thomas Aquinas Regional School ~ New Student Referral Form

This form is to be completed by the prospective family and submitted with their application.

I/We_____ have been referred by
New family name

_____ to St. Thomas Aquinas Regional School.
Name of referring family

New Parent Name(s):_____ Tel: _____
Address:_____
New Student Name:_____ Grade:_____
New Student Name:_____ Grade:_____
New Student Name:_____ Grade:_____
New Student Name:_____ Grade:_____

Please return to the admissions office with your application.