



ST. THOMAS AQUINAS REGIONAL SECONDARY SCHOOL

FAITH | COMMUNITY | EXCELLENCE

APPLICATION FORM ACADEMIC YEAR 2024-2025

APPLICATION DEADLINE: FRIDAY, DECEMBER 1, 2023

Student's First Name:		Last Name:	
Home Address:			
City:		Postal Code:	Phone:
Student Citizenship:		Date of Birth:	
Student Religion: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic		Grade for September 2024	
If Catholic, Baptism Date:			
Has the Student Received an IEP or Psych Ed. Assessment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the Student Require Learning Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do You Currently Have a Child Enrolled at STA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Please Provide His/Her name:	
Father's First Name:	Father's Last Name:	Citizenship:	
Father's Email	Home Phone:	Cell Phone:	
Mother's First Name:	Mother's Last Name:	Citizenship:	
Mother's Email	Home Phone:	Cell Phone:	
Son/Daughter's Current School:			
<input type="checkbox"/> St. Anthony's <input type="checkbox"/> St. Edmund's <input type="checkbox"/> Holy Trinity <input type="checkbox"/> St. Pius X			
<input type="checkbox"/> Other (School Name): _____			
Is Your Family a Member of a Catholic Parish? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, choose one</i>			
<input type="checkbox"/> St. Anthony's <input type="checkbox"/> Christ the Redeemer <input type="checkbox"/> St. Edmund's <input type="checkbox"/> Holy Trinity			
<input type="checkbox"/> St. Paul's <input type="checkbox"/> St. Pius X <input type="checkbox"/> St. Stephen's			
<input type="checkbox"/> Other (Parish Name): _____			

Documents to be submitted with completed application form:

1. Copy of student's baptism certificate (if applicable)
2. Copy of student's most recent report card
3. Residency status in Canada - *One* of the following:
 - a. Copy of birth certificate if born in Canada **or**
 - b. Copy of permanent residence document **or**
 - c. Copy of Canadian citizenship **or**
 - d. Copy of study/work permit (for parent and student)

Please return this form, along with required documents to cdonovan@aquinas.org. *Completion of the application form is not a guarantee of acceptance.*