Saint Timothy Middle School

225 King Philip Drive • West Hartford, CT 06117 • Tel (860) 236-0614 • Fax (860) 920-0293

Student Application Form

Date: _____ Applying for Grade: _____

NAME: _____ Male: ____ Female: ____
Last First Middle

ADDRESS: _____
Street Town State Zip Code

HOME PH: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

FATHER'S NAME: _____
Last First Middle

OCCUPATION: _____ EMPLOYER: _____

BUSINESS PH: _____ CELL PH: _____ EMAIL: _____

MOTHER'S NAME: _____
Last First Middle Maiden

OCCUPATION: _____ EMPLOYER: _____

BUSINESS PH: _____ CELL PH: _____ EMAIL: _____

RELIGION: of CHILD: _____ of FATHER: _____ of MOTHER: _____

Are you a registered parishioner of Saint Timothy Parish? YES: ☐ NO: ☐

Are you registered in another Catholic parish? YES: ☐ NO: ☐

If yes, list: _____
Parish Name Town

If yes, do you use church envelopes for your weekly contribution in support of your Catholic Parish? YES: ☐ NO: ☐

If not listed above, please list your place of worship: _____ _____
Church Name Town

School applicant is currently attending: _____ Current Grade: _____

_____
Street Town State Zip Code

Has your child been identified for any special education services (e.g., Talented & Gifted Program, Special Education, etc.)? YES: ☐ NO: ☐

If yes, *please specify*: _____

Child lives with (check one): Mother ___ Father ___ Both ___ Other (specify): _____

If either parent is a graduate of Saint Timothy, please list name and year of graduation: _____

Please list brothers and sisters (if older sibling is a Saint Timothy graduate, please include name and date of graduation on this list):

Name	Current School	Current Grade