

Grade applying to: _____

HOLY TRINITY SCHOOL

Application for Enrollment
School Year 2020-2021

OFFICE USE:

ACCEPTED: Y N Gen fee pd

STUDENT INFORMATION

Last Name	First Name	Middle	Sex	Birthdate	Birthplace (City, State)		
Street Address				City		State	Zip
Social Security Number	Home Phone		Mother's Cell: Father's Cell:		Mother's E-mail: Father's E-mail:		

FAMILY INFORMATION

Father's First Name	Middle	Last Name	Birthplace	Religion	Occupation	Work Phone	Marital Status S M D W
Mother's First Name	Maiden	Last Name	Birthplace	Religion	Occupation	Work Phone	Marital Status S M D W
Guardian's First Name (if applicable)	Middle	Last Name	Birthplace	Religion	Occupation	Work Phone	Marital S M D W

Child Resides with: Mother _____ Father _____ Both parents _____ Phone number of non-custodial parent (if applicable) _____

NAME OF SCHOOL CURRENTLY ATTENDING

Name	Address	City	State	Grade	Are there any special learning needs?	Y N	IEP? Y N
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SIBLINGS PRESENTLY ATTENDING HOLY TRINITY

Name	Grade	Teacher
1.		
2.		
3.		

SACRAMENTAL INFORMATION

Baptism Date	Church Name	Address	City	State
First Communion	Church Name	Address	City	State

Parish Envelope # _____ Enrollment in Parish Religious Education: Yes _____ No _____ If yes, what years? _____

Test Date:	Test Time:
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PLEASE COMPLETE BOTH SIDES OF APPLICATION

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1. Why do you want your child to attend Holy Trinity?

2. What is your present involvement in the Parish?

3. In what ways will you work with the school to provide a Catholic education for your child?

4. Name of Church where you most regularly attend weekly Mass:

5. Were you referred to Holy Trinity by a current school family? _____ If so, who? _____

First & Last Name

I have read the instructions in the application letter and have supplied accurate information. I understand that parent involvement is necessary to have a child registered at Holy Trinity School. I understand that if my child/children are accepted to Holy Trinity School, false statements on this application shall be considered sufficient cause for their dismissal.

Signature of Parent/Guardian

Date

*Testing Fee: Amount _____ Check No. _____ Cash Receipt No. _____ Money Order No. _____ (*Non-refundable nor applied to tuition*)

Parish Envelope No. _____

Verification Signature _____

Birthdate _____ SSN _____ Baptism Date _____ First Communion Date _____ Parish Envelope No. _____ Report Cards _____ Letter _____ Other _____