



HOLY TRINITY SCHOOL 2018 - 2019 APPLICATION FORM
 One Application Per Student – Application Must be Complete to Process

STUDENT INFORMATION *Please Print All Information* Male Female

Legal Last Name of Student **First** **Date of Birth** **Birthplace**

()

Home Address **City/ Zip Code** **Home Telephone**

Name & Address/ City/Zip of School Currently Attending **Telephone**

Religion: _____ **Parish/Church** _____

Baptized _____ / _____ / _____ Cert Rec'd
Date Church City/State

1st Communion _____ / _____ / _____ Cert Rec'd
Date Church City/State

Does the applicant have any physical/emotional problems requiring special attention? If so explain:

Does the student have an IEP or STEP/MAP Plan for educational accommodations?

Does the applicant have any allergies, special, or recurrent illnesses that the school should know about? If so explain:

Student resides with: (Please mark all that apply)

- Mother Father Grandparent/s Legal Guardian Step Parent Other _____

Languages spoken at home:

English _____ **Spanish** _____ **Tagalog** _____ **Other** _____

Student's Racial/Ethnic Origin: Please check one (For use in Annual School Census Report)

- Native American Hispanic Other Whites
 Filipino African American Other Asians/Pacific Islander

Name of the public school and school district your child would be attending if not enrolled at private school.

FAMILY INFORMATION (Birth Parents or Legal Guardians)

_____ / _____ / _____ / _____ ()				
Last Name of Father	First	Religion	Birthplace	Home Telephone
_____ () _____ ()				
Occupation	Employer	Workplace Telephone	Cell phone	
Cell phone carrier: _____				
Please Check Appropriate Box: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased <input type="checkbox"/> Single				
Email Address _____				

_____ / _____ / _____ / _____ ()				
Last Name of Mother	First	Religion	Birthplace	Home Telephone
_____ () _____ ()				
Occupation	Employer	Workplace Telephone	Cell phone	
Cell phone carrier: _____				
Please Check Appropriate Box: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Deceased <input type="checkbox"/> Single				
Email Address _____				

If your child was not previously enrolled in Catholic School did he/she attend religious education Classes (CCD)?

If "Yes" at what Church? _____

Are you an active, practicing Catholic that is registered in the parish, regularly attending Sunday Mass and financially supporting the parish and its ministries? Yes No

How did you hear about Holy Trinity School? _____

Were you referred to Holy Trinity School by a current school family? _____
Name of Family

Person responsible for paying tuition:
_____ Mother _____ Father _____ Both _____ Guardian

Signature of Parent Legal Guardian

Thank you for your application to Holy Trinity School. Processing of application can only begin when all documents listed have been submitted. *Original Immunization records, Proof of dental screening, Original Birth Certificate, Baptismal Certificate, 1st Communion Certificate, and for those applying for 1st-8th a copy of most recent Report Card.*