



Holy Trinity Catholic School-Admission Application-2017-2018

Complete form, sign and date, and submit with your registration fee

Family Information	<input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic	Parish (if Catholic)	For Office Use Only <input type="checkbox"/> Accepted Date Received _____ Initials _____ <input type="checkbox"/> Tuition Agreement <input type="checkbox"/> Health Records <input type="checkbox"/> Tuition Worksheet <input type="checkbox"/> Immunization <input type="checkbox"/> SMART Confirmation <input type="checkbox"/> Transcripts <input type="checkbox"/> Pastor Verification <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Registration Fee <input type="checkbox"/> Baptism Certificate <input type="checkbox"/> Emergency Form Check # _____
	Parent/Guardian _____		
	Address _____		
City _____ State _____ Zip _____	School District		
Phone (H) _____ (C) _____	Language Spoken at home (90% of time)		
Name of cell phone holder: _____			
Email _____			

Child 1		NEW FAMILY		Child 2		NEW FAMILY	
Last Name		First Name		Last Name		First Name	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	Preschool <input type="checkbox"/> 3yr 1/2 day <input type="checkbox"/> 3yr full day <input type="checkbox"/> 4yr 1/2 day <input type="checkbox"/> 4yr Full-day (3 day) <input type="checkbox"/> 4yr Full-day (5 day) Kindergarten <input type="checkbox"/> 1/2 day <input type="checkbox"/> Full		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	Preschool <input type="checkbox"/> 3yr 1/2 day <input type="checkbox"/> 3yr full day <input type="checkbox"/> 4yr 1/2 day <input type="checkbox"/> 4yr Full-day (3 day) <input type="checkbox"/> 4yr Full-day (5 day) Kindergarten <input type="checkbox"/> 1/2 day <input type="checkbox"/> Full	
Birth Date	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Background		Birth Date	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnic Background	
Birth Place		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial		Birth Place		<input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial	
City _____ County _____ State _____ Country (if outside US) _____				City _____ County _____ State _____ Country (if outside US) _____			
Sacraments Received (if Catholic)		<input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		Sacraments Received (if Catholic)		<input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation	
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Prior School Attended _____				Prior School Attended _____			
Address _____				Address _____			
City _____ State _____ Zip _____				City _____ State _____ Zip _____			
Has your child ever..... Please check Yes or No for each ...been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...been diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above a copy of the evaluation/medication form from your doctor must be provided at the time of registration				Has your child ever..... Please check Yes or No for each ...been diagnosed with a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...been diagnosed with ADD/ADHD? <input type="checkbox"/> Yes <input type="checkbox"/> No ...taken medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No ...had special medical needs? <input type="checkbox"/> Yes <input type="checkbox"/> No ...has your child participated in the DART program? <input type="checkbox"/> Yes <input type="checkbox"/> No *If yes for any of the above a copy of the evaluation/medication form from your doctor must be provided at the time of registration			
Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.				Child Resides With <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other* _____ Does someone else have shared custody? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.			



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Child 3			NEW FAMILY			Child 4			NEW FAMILY					
Last Name			First Name			Last Name			First Name					
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	Preschool <input type="checkbox"/> 3yr 1/2 day <input type="checkbox"/> 3yr full day <input type="checkbox"/> 4yr 1/2 day <input type="checkbox"/> 4yr Full-day (3 day) <input type="checkbox"/> 4yr Full-day (5 day) Kindergarten <input type="checkbox"/> 1/2 day <input type="checkbox"/> Full	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	Preschool <input type="checkbox"/> 3yr 1/2 day <input type="checkbox"/> 3yr full day <input type="checkbox"/> 4yr 1/2 day <input type="checkbox"/> 4yr Full-day (3 day) <input type="checkbox"/> 4yr Full-day (5 day) Kindergarten <input type="checkbox"/> 1/2 day <input type="checkbox"/> Full	Birth Date			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No					
Birth Date			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			Ethnic Background <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-Racial			Birth Date			US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Prior School Attended _____ Address _____ City _____ State _____ Zip _____						Prior School Attended _____ Address _____ City _____ State _____ Zip _____								
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Notes														

I acknowledge that I have completed this student application truthfully and to the best of my knowledge. I understand that Holy Trinity School may not accept my child as a student after this application has been reviewed. If any information changes I will notify the school office in writing as soon as it occurs.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

**Review application for completeness, sign and date, and submit with your \$75 non-refundable registration fee
Preschool registration fee is an additional \$75**