



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	
Parent/Guardian _____				Date Received _____	Initials _____
Address _____			School District _____	<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 # _____	
City _____ State _____ Zip _____			Language Spoken at home (90% of time) _____		
Phone (H) _____ (C) _____					
Name of cell phone holder: _____					
Email _____					

Child 1		RE-REGISTER		Child 2		<input type="checkbox"/> Returning	<input type="checkbox"/> New
Last Name _____		First Name _____		Last Name _____		First Name _____	

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	<input type="checkbox"/> 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) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1/2 day <input type="checkbox"/> Full	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Grade (entering)	<input type="checkbox"/> 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) <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1/2 day <input type="checkbox"/> Full
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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	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 Place City _____ County _____ State _____ Country (if outside US) _____			Birth Place 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		

Prior School Attended _____	Prior School Attended _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Has your child ever..... <i>Please check Yes or No for each</i> ...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..... <i>Please check Yes or No for each</i> ...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
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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			<input type="checkbox"/> Returning <input type="checkbox"/> New	Child 4			<input type="checkbox"/> Returning <input type="checkbox"/> New								
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 <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		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			
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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 \$50 (on/before 2/24) or \$75 (after 2/24)
Preschool registration fee is an additional \$75*