



Holy Trinity Catholic School

New Family Enrollment Policy and Checklist

2018-2019



Financial Obligations

Enrollment for all students at Holy Trinity School is contingent on all financial obligations being met. Failure to satisfy financial obligations may result in the space(s) being reserved for your child(ren) being given to a child(ren) on a waiting list. See the Tuition and Fees Agreement for more details.

Enrollment Process

New families who wish to enroll in Holy Trinity School **must complete and SIGN** each item in the checklist below. **All completed applications will be reviewed and processed. Any item not signed and dated is deemed to be not received.**

Note for New Students

All new students are admitted to Holy Trinity School on a provisional basis for the first 30 days of the school year.

Registration Checklist – New Families K-8th

All applicants:

- Admission Application Form- *signed and dated*
- Evaluation/Medical form (if you checked “Yes” in the Health box on the Admission Application)
- Tuition & Fees Agreement- *signed and dated*
- Emergency Form- *signed and dated*
- Pastor Verification Form- ****ONLINE IN 2018****-Link on school website as Diocese makes available
(*For all Catholic families who are not members of Holy Trinity Parish*)
- Non-refundable \$75 registration fee per family
- SMART Tuition Confirmation page (*for families not paying in full by August 31st, 2018*)
 - Go to our website at www.holytrinityelementary.org, click on the link to register with SMART Tuition, **SELECT 2018-2019 SCHOOL YEAR**, and **submit confirmation page to the school**
- Birth certificate
- Baptismal Certificate (*if Catholic and baptized at Holy Trinity, notify School Office*)
- Health Packet
 - Immunization Records (K & 7)
 - Physical Exam Form (K & 6)-must be submitted prior to first day of school
 - Dental Exam Form (K, 3 & 7)-must be submitted prior to first day of school
 - Health History Form (all new students)
- Request for Student Records (*grades 1st through 8th*)

*Completed Forms and Registration Fee can be mailed to or dropped at School Office



Holy Trinity Catholic School-Admission Application-2018-2019

Complete form, sign and date, and submit with your registration fee— please write neatly

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"/> Emergency Form <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 Check # _____
	Mother/Guardian _____	School District	
	Father/Guardian _____		
	Address _____ City _____ State _____ Zip _____ Phone (H) _____ (C) _____ Email Address _____	Language Spoken at home (90% of time)	

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 <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) _____		Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		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	
Prior School Attended _____ Address _____ City _____ State _____ Zip _____				Prior School Attended _____ Address _____ City _____ State _____ Zip _____			

Health Has your child ever...Check Yes or No for each	Health Has your child ever...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	...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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Holy Trinity Catholic School-Admission Application-2018-2019

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

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	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) _____		Sacraments Received (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation		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	
Prior School Attended _____ Address _____ City _____ State _____ Zip _____				Prior School Attended _____ Address _____ City _____ State _____ Zip _____			
Health Has your child ever... <i>Check Yes or No for each</i>				Health Has your child ever... <i>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				...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 <i>*If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.</i>				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 <i>*If checked a court-ordered Final Judgment (custody papers) must be submitted and all parties who share custody must sign this Admission Application.</i>			
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**



Holy Trinity Catholic School Tuition & Fees Agreement – 2018-2019



This Holy Trinity Catholic School Tuition & Fees Agreement – 2018-2019 dated _____ is made and entered into between Holy Trinity Catholic School (“Holy Trinity”) and

_____, _____ (collectively, the “Responsible Party”), who is/are the (check one):

(If two parties are listed above, both must sign if they wish to be jointly responsible for this account and have access to it)

Parent (s) Legal Guardian (s) other (explain) _____

of the following students (collectively, “Student” or “Students”):

Student Name	Grade 2018 - 2019

Kindergarten – 8th Grade Annual Tuition

No. of Children	Cumulative Catholic Rate*	Catholic Rate Per Child*	Cumulative Non-Catholic Rate	Non-Catholic Rate Per Child
1	\$4,450	\$4,450	\$5,820	\$5,820
2	\$7,100	\$2,650	\$9,660	\$3,840
3 or more	\$8,100	\$1000	\$13,105	\$3,445
½ Day K	\$2,490	N/A	N/A	\$3230

Please enter your total K-8 tuition amount from the table at left

\$

*Catholic rates are contingent upon receipt of a completed Pastor Verification form for families who are not members of Holy Trinity Parish.

Preschool Annual Tuition

Age	Number of Days	Full or Half-day	Cost	Rate if other children enrolled in HTS
3 year old	2 days/week	Half-day	\$1,490	\$1,440
3 year old	2 days/week	Full-day	\$2,280	\$2,230
4 year old	3 days/week	Half-day	\$1,735	\$1,685
4 year old	3 days/week	Full-day	\$2,625	\$2,525
4 year old	5 days/week	Full-day	\$3,950	\$3,850

Please enter your total Preschool tuition amount from the table at left

\$

Fundraising & Volunteering Fees *(applies to K-8 only)*

Please indicate your preferences below and enter the appropriate amounts in the box at right

_____ I will sell \$550 in fundraising profit.
(Enter “0” at right)

_____ I will buyout fundraising for \$625.00
(Enter “625.00” at right)

\$

_____ I will volunteer 40 hours
(Enter “0” at right)

_____ I will buyout the volunteer hours for
(Enter “625.00” at right)

\$

+

NOTE: If no selection is made \$550 in fundraising and 40 volunteer hours will be selected

\$

See the Sections 1(A) and (C) of this form for buyout due dates and additional details

TOTAL

BEF	\$ <input type="text"/>	Other	\$ <input type="text"/>
EITC	\$ <input type="text"/>		\$ <input type="text"/>
OSTC	\$ <input type="text"/>	FOR OFFICE USE ONLY	\$ <input type="text"/>

1. Payment of Tuition and Fees

There are two options for tuition payment:

A. Annual payment of entire tuition paid directly to the school by August 31st, 2018.

- Families who make their annual payment on or before August 14th, 2018 will receive a 2% discount.
- Families making their entire tuition payment in August and choosing to Buyout their Fundraising and Volunteer Obligations must make their Fundraising Buyout and Volunteer Buyout payments by August 31, 2018. 2% discount does not apply to the Buyouts.
- Any non-tuition fees or balances that become past due by 30 days will be added to the existing tuition accounts for the 2018-2019 year. This can include Extended Day Fees, Buyout Fees, Returned Check Fees, Cafeteria Fees, Library Fees, damaged Nook fees, partially met Fundraising or Volunteering fees for those not electing to Buyout, as well as any other fees that may be assessed.

B. SMART Tuition payments (see frequency choices below)

Families electing to make their tuition payments via SMART (who are not already enrolled), please note:

- A completed SMART Tuition confirmation page must be submitted with your Admission application
- There is a one-time per year \$50.00 administrative fee charged by SMART and it will be added to the first payment. Only one fee will be charged per family regardless of the number of students enrolled.
- The SMART payment methods are as follows:
 - Automatic payment from bank account or via a credit card
 - Online payment
 - Payment by telephone
 - Payment by mail (invoices will be sent instead of coupons)
- All families participating in SMART will receive invoices via email. Those who pay by mail will receive paper invoices as well.
- If your payment is not received by SMART on the due date, your account will be charged a late fee of \$30.00.

SMART Payment Plans (Families with children enrolled in both Preschool and K-8 should choose one of the K-8 plans. See SMART form.)

Preschool -8th:

- Monthly payments begin in July 2018 and extend through June 2019 (total of 12 payments) **(Plan M)**
- Quarterly payments occur in: July, October, January, April **(Plan Q)**
- Semi-annual payments occur in: July, January **(Plan S)**

Please indicate your payment preference below:

_____ Full payment due August 31, 2018 paid directly to Holy Trinity School.

_____ SMART Tuition Payments _____ Monthly _____ Quarterly _____ Semi-annually

C. Fundraising and Volunteering Obligations *(applies to K-8 only)*.

- **All families with students enrolled in K-8 are required to sell \$550 in fundraising profit.**
 - Those paying by SMART Tuition, and choosing the Fundraising Buyout amount of \$625, will have the \$625 distributed over their SMART payment plan (monthly, quarterly, semi-annually.)
 - Those making tuition payments in full by August 31 must make any Fundraising Buyout Payments by August 31 as well.
- **All families with students enrolled in K-8 are required to volunteer at Holy Trinity School for 40 hours of service** between May 1, 2018-June 5, 2019. All volunteers agree to follow the Diocesan safe environment requirements for volunteers.
 - Those paying by SMART Tuition, and choosing the Volunteer Buyout amount of \$625, will have the \$625 distributed over their SMART payment plan (monthly, quarterly, semi-annually.)
 - Those making tuition payments in full by August 31 must make any Volunteering Buyout Payments by August 31 as well.
- Partially Met Fundraising and Volunteer Obligations- Families electing to participate in volunteering and fundraising must complete their requirements between May 1, 2018-June 5, 2019. If you are short in volunteer hours, you will be assessed the balance at the rate of \$15.63 (625/40) for every hour you are missing. If you are short your fundraising requirement, you will be assessed at \$625 minus the amount you have "fundraised". Partially met fundraising and volunteer assessment amounts are due by June 5, 2019. A \$25 per month late fee with no grace period may be assessed after that date. Please note that you can monitor both your volunteer hours and fundraising amounts throughout the school year at **www.holytrinitygoaltracker.com**. Fundraising dollars and volunteer hours are updated on the website at the close of each quarter when report cards are distributed to students. Please report any discrepancies within two weeks of the last day of the quarter.

2. Year End Account Balance

Any remaining account balance mentioned above, including but not limited to assessments for partially met volunteer and fundraising requirements, buyout fees, cafeteria fees, damaged Nook fees, extended day fees, as well as any other fees that may be assessed, must be received by Holy Trinity on or before June 5, 2019/last day of school unless special arrangements have been made in writing and signed by the Parish Business Manager and the Principal. Failure to pay any amount required herein, including without limitation the foregoing, by June 5, 2019 shall result in the following:

- Child(ren) will not be re-admitted for the next school year.
- If you have already enrolled your child(ren) for next year, the space(s) being reserved for them may be given to a child(ren) on a waiting list.
- Child(ren) cannot be admitted to another Catholic elementary, middle or high school.
- Transcripts will not be forwarded to other schools until balances are paid in full.
- Families of 8th grade students must be current in their financial obligations in order to participate in the 8th grade class trip.

3. Withdrawal

If a Student is withdrawn for any reason other than a request by Holy Trinity or mutual agreement during the school year, a written and signed notice of withdrawal (with the date of withdrawal) must be received by Holy Trinity a minimum of 7 calendar days before the effective date of withdrawal. In connection with withdrawal, Tuition and Fees listed on page 1 of this document (including Fundraising and Volunteer Fees) are owed to Holy Trinity on a "prorated" basis, using the same criteria as outlined in the Prorated Tuition policy below.

4. Prorated Tuition

- For children beginning school after the start of the school year, tuition and fees, fundraising buyouts, fundraising requirements and volunteer hours will be prorated by the Principal and Advancement Director.
- (K-8): Within a reasonable period of time, and upon receipt of a "written notice of withdrawal", a refund of prepaid tuition and fundraising "buyouts" (if applicable) will be made after allowing for time for funds to be received by Holy Trinity and to "clear" the remitter's bank account. The refund will be based upon the 180 day school calendar (1/2 days count as full days) and the amount refunded will be prorated based upon the days that school was in session. The

prorated amount “earned” by Holy Trinity will extend until the effective date of the “notice of withdrawal” or the child’s last day of school, whichever is later. If no notice is given, then the amount “earned” by the school will extend through the 7th calendar day beyond the child’s last date of attendance.

- (Preschool): A refund of prepaid tuition will be made under the same terms as K-8, but will be based upon the total number of calendar days in which preschool planned to hold sessions during the school year.
- Any refunds given for either K-8 or Preschool will not include registration fees, Smart Tuition fee, late fees, bounced check charges, excess volunteer hours worked, excess fundraising “profit” earned etc.

5. Registration Fee

- When submitting a completed Application for Admission, payment of a non-refundable registration fee in the amount of \$50.00 per family is required for **K-8** applicants applying on or before February 2, 2018 or in the amount of \$75.00 if applying after February 2, 2018.
- A separate, non-refundable registration fee in the amount of \$75.00 per family is required for **preschool** applicants.
- **The registration fee is non-refundable for any reason, including but not limited to, a denial of a Student’s application.**

6. Catholic Family Tuition Rates

To qualify for Catholic Family Tuition Rates, a family must be registered at a Catholic Parish and worship regularly. Families who are not members of Holy Trinity Parish must submit a completed, signed Pastor Verification Form to be eligible for the Catholic tuition rates.

7. Financial Aid, Scholarships, Grants

No monetary aid is guaranteed. Aid received through the Diocese is generally through the FACTS Grant & Aid program, Bishop’s Education Fund (BEF), and Tax Credit (EITC & OSTC) funds. Any money received on behalf of a student will be applied to the family’s account equally throughout the remainder of the school year.

8. Returned Checks

All returned checks will incur a fee of \$25.00. If two checks are returned for insufficient funds, Holy Trinity will no longer accept personal checks and you will be required to pay in cash or with a certified check.

9. Acceptance of Enrollment

- I/We understand that a place will be reserved for our Student(s) only if this form, the registration fee and other required registration documents are submitted and other conditions of enrollment are met.
- I/We understand that acceptance of enrollment depends on Student’s successful completion of the current school year and on full payment of all tuition and fees for the current and/or prior school years.
- I/We understand that all Students are admitted on a 30 day probation period and Holy Trinity reserves the right to deny enrollment and/or expel a Student whom it determines is unsuitable for enrollment.

10. Contact Information

If both parents wish to have access to financial information regarding their tuition account with Holy Trinity, both must sign this agreement and be added to the SMART Tuition account, (if applicable). Otherwise, in order to gain access to this information later, the parent not signing this agreement will need a letter of approval from a parent who originally signed this agreement.

I/We, the Responsible Party, have read and understand the terms and conditions of this Agreement, for the enrollment of Student(s) for the 2018-2019 school year. I/we agree to abide by said terms and conditions and agree to fulfill the total financial obligation for payment of tuition as set forth herein:

1.

Signature of Parent/Legal Guardian/Other

Date

Print Name

Phone

Mailing Address _____

Email Address

2.

Signature of Parent/Legal Guardian/Other

Date

Print Name

Phone

Mailing Address _____

Email Address



Holy Trinity Catholic School

WHERE FAITH, EDUCATION, AND VALUES UNITE

2018-2019 Emergency Plan Form

Dear Parents,

This letter is concerning the unexpected emergency dismissal plan for Holy Trinity School. In the event of an unexpected emergency dismissal it is **extremely important** that the school knows just how your child is to go home. We need to know two main phone numbers of contact and if your child will be a bus rider or a car rider. Please make sure to review this information with your child also.

When an unexpected dismissal occurs you will receive a call from the phone calling system School Messenger. In an important effort to make the best and most accurate use of the School Messenger Instant Parent contact system, we are asking that you submit to us two main phone numbers of contact that you will answer. The Primary contact number will be used to call you every time we send a School Messenger call, regardless of the urgency of the message. The Secondary Contact number will be called at the same time as the Primary number on calls where the message we are sending is of a more urgent or time sensitive nature to ensure that we get the call to you as soon as possible. School Messenger will inform you of all necessary information pertaining to the dismissal. At that time your dismissal plan will go into effect. **Do not call** the school office with any questions or changes as we need to keep the school phone lines open for the necessary emergency needs. Even if you sent in a note that day with different dismissal arrangements those are **voided** and **ONLY** the emergency dismissal plan is in effect.

Please see the form below. We need to know your family name, if you are a bus rider or a car rider along with two main phone numbers of contact in the event of an unexpected dismissal. If you cannot decide at this time your child will automatically be a car rider. If this form is not returned to the school your information will not be included with the School Messenger system therefore, leaving us unable to contact you with any information. This service will also be used for school and event cancellations along with two hour delays.

We thank you for your cooperation in this matter. If we all work together as a team we will have a safe and effective emergency dismissal plan.

Thank you,
The School Office

These phone numbers will be used for our automated system that alerts families of 2 hour delays, cancellations, early dismissals, and emergencies. It is not an emergency contact number.

Family Name (Please Print)

Car or Bus Rider

Primary Contact Number:

Secondary Contact Number:

Holy Trinity Catholic School Emergency Information and Emergency Plan Form

Family Last Name: _____

First Names of Children and Grade for 2018-2019: _____

School District: _____ Home Phone #: _____

Address: _____

Father's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Mother's Name: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Do any of your children have a Medical Condition? YES _____ NO _____

Write child(ren) name(s) next to the condition: Severe Allergy (that requires medication) _____

Asthma _____ ADD _____

Seizures _____ Behavioral/Emotional _____

Other _____

Medications: _____

AS THE CARE AND TREATMENT OF ANY CHILD IS PRIMARILY THE RESPONSIBILITY OF THE PARENT, EVERY EFFORT WILL BE MADE TO CONTACT YOU FIRST. PLEASE LIST 2 EMERGENCY CONTACTS WHO MAY PICK UP YOUR CHILD(REN) DURING SCHOOL HOURS.

Name: _____ Relationship: _____ Telephone #: _____

Name: _____ Relationship: _____ Telephone #: _____

TO WHOM IT MAY CONCERN: If neither of the parents or guardians can be contacted in the case of a serious injury or illness, I hereby authorize representatives of Holy Trinity Catholic School to act as an agent to secure emergency transportation for (write all children's names) _____, a minor child or minor children, for whom I am responsible. I hereby agree to hold Holy Trinity Catholic School and its representatives harmless for exercising judgement in authorizing transportation of my child.

Parent Signature: _____

It is extremely important that all requested information on this form be kept up to date for your child's welfare. Please notify the school office of any changes to the above information.

Family Email Address: _____

NOTE: Student Name, address, phone number and email address will be placed in a school directory which will be given to all families. If you do not wish to have this information listed please indicate below.

_____ I do not wish to have the contact information listed in the directory.