

# HOLY TRINITY SCHOOL

*Where Faith, Education and Values Unite*

5720 Steubenville Pike McKees, Rocks, PA 15136  
Phone 412-787-2656 Fax 412-787-9487

## PRE- SCHOOL REGISTRATION FORM

### FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_ Initials: \_\_\_\_\_ Records: Birth Certificate: \_\_\_\_\_ Immunizations \_\_\_\_\_  
Baptismal Certificate \_\_\_\_\_ Application fee Non Refundable: \$50/Family \_\_\_\_\_

### *New Student Registration Form*

Child #1's full name \_\_\_\_\_ Grade entering \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_

Child #2's full name \_\_\_\_\_ Grade entering \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_

### Parent/Guardian Information

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about Holy Trinity School? \_\_\_\_\_  
\_\_\_\_\_

*(Please complete back side of this sheet.)*

### Family Information

Brothers and or Sisters

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

With whom does the student live? Both parents \_\_\_\_\_ Mother only \_\_\_\_\_

Father only \_\_\_\_\_ Guardian \_\_\_\_\_ Joint custody \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature