



Holy Trinity Catholic School



Where Faith, Education and Values Unite

Preschool Application Form for 2011-2012 School Year

A non-refundable \$50 application fee per preschool family must accompany this application. (This fee is separate from the K-8 application fee.)

Please indicate: 3 yr \$105/month (9 months)
 4 yr \$130/month (9 months)

Child's Last Name	Child's First Name	School District	Religious Affiliation <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic
Birth Date: ____/____/____		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	Parish: _____
Birth Place: City _____ County _____ State _____ Country (if outside USA) _____			Sacraments Received: (if Catholic) <input type="checkbox"/> Baptism <input type="checkbox"/> Holy Communion <input type="checkbox"/> Reconciliation <input type="checkbox"/> Confirmation
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Family Information Please list any brothers or sisters (not at Holy Trinity): Name _____ Grade ____ School _____ Name _____ Grade ____ School _____ Name _____ Grade ____ School _____ Name _____ Grade ____ School _____
Language spoken at home (90% of the time): _____			

Academic Information

Prior school attended: School Address: City _____ State _____ Zip _____	Please check yes or no for each:		YES	NO
	1) My child has had a psychological evaluation: Diagnosed with a learning disability? If yes, please specify: _____ Diagnosed with a behavioral problem? <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other		<input type="checkbox"/>	<input type="checkbox"/>
	Take medication associated with this disability? If yes, please specify: _____		<input type="checkbox"/>	<input type="checkbox"/>
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother * <input type="checkbox"/> Other * <input type="checkbox"/> Father * *If checked, a Court Ordered Final Judgement (custody papers) must be submitted to the Office Does other parent have shared custody? _____	2) My child has special medical needs: If yes, please specify: _____		<input type="checkbox"/>	<input type="checkbox"/>
	3) My child has been enrolled in another Preschool: If yes, please specify: _____		<input type="checkbox"/>	<input type="checkbox"/>

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.

Signature _____ Date _____

For Office Use Only:			
Date Received: _____	Initials: _____	Accepted: _____	
Birth Certificate _____	Health Records _____	Transcripts _____	
Baptismal Certificate _____	Immunizations _____		
Application Fee \$50/Preschool Family (non refundable) : _____			

ALL NEW STUDENTS ARE ADMITTED ON A TWO MONTH PROBATIONARY PERIOD.