

**Holy Trinity School**  
*Where Faith, Education and Values Unite*

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

**Kindergarten Registration Form 2010 – 2011**

**Please indicate**     **Full Day**                       **Half Day**

**FOR OFFICE USE ONLY:**

**Date received:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Records: Transcripts** \_\_\_\_\_ **Health**  
**Records** \_\_\_\_\_  
**Birth Certificate:** \_\_\_\_\_ **Immunizations** \_\_\_\_\_ **Baptismal Certificate** \_\_\_\_\_ **Pastor**  
**Verification** \_\_\_\_\_  
**Tuition Agreement** \_\_\_\_\_ **School District** \_\_\_\_\_ **Application fee Non Refundable: \$50.00/Family**  
\_\_\_\_\_

Child #1's full name \_\_\_\_\_ Grade entering \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_  
School previously attended \_\_\_\_\_  
School Address \_\_\_\_\_

Child #2's full name \_\_\_\_\_ Grade entering \_\_\_\_\_  
Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Sex \_\_\_\_\_  
School previously attended \_\_\_\_\_  
School Address \_\_\_\_\_

**Parent/Guardian Information**

**Mother's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_

**Guardian's Name** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
E-mail \_\_\_\_\_

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

How did you hear about Holy Trinity School?

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With whom does the student live? Both parents \_\_\_\_\_ Mother only \_\_\_\_\_  
Father only \_\_\_\_\_ Guardian \_\_\_\_\_ Joint custody \_\_\_\_\_

Catholic (Y/N) \_\_\_\_\_ Parish \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Ethnic Background:

AK Native    American Indian    Asian    African-American    Hispanic  
 Caucasian    Other \_\_\_\_\_

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please indicate in what area they received special services \_\_\_\_\_

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Did your child have any disciplinary issues at their previous school?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If the information stated above is not true Holy Trinity reserves the right to reconsider your child's placement at our school.**

**All new students are admitted on a two month probationary period.**

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Family Information

Brothers or Sisters

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

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

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature