

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 2010-2011

Please indicate ___ Pre 3 (\$105 per month for 9 months)

___ Pre 4 (\$130 per month for 9 months)

FOR OFFICE USE ONLY:

All documents and the registration fee must accompany this form in order to process your application.

Date received: _____ Initials: _____ Records: Birth Certificate: _____ Immunizations: _____

Baptismal Certificate: _____ **Catholic Y/N** Parish _____

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 _____

Child #3's full name _____ Grade entering _____

Date of birth _____ Place of birth _____ Sex _____

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?

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 _____

With whom does the student live? Both parents _____ Mother only _____

Father only _____ Guardian _____ Joint custody _____

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

Does your child have any special needs? Yes ____ No ____ If yes please state them _____

Date

Signature