



Holy Trinity Catholic School



Where Faith, Education and Values Unite

Student Application Form for 2011-2012 School Year

A non-refundable \$50 application fee per family must accompany this application.	<input type="checkbox"/> Returning <input type="checkbox"/> Not Returning <input type="checkbox"/> New	If Kindergarten, please indicate: <input type="checkbox"/> Full Day <input type="checkbox"/> Half Day
Grade Entering: _____		

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: <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:	Has your child... (please check yes or no for each)	YES	NO
School Address: _____	1)...had a psychological evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
City _____ State _____ Zip _____	Diagnosed with a learning disability?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please specify: _____		
	Diagnosed with a behavioral problem?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Other		
	Take medication associated with this disability?		
	If yes, please specify: _____		
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother * <input type="checkbox"/> Other * <input type="checkbox"/> Father *	2)...ever repeated a grade?	<input type="checkbox"/>	<input type="checkbox"/>
*If checked, a Court Ordered Final Judgement (custody papers) must be submitted to the Office	3)...received suspensions in their former school(s)?	<input type="checkbox"/>	<input type="checkbox"/>
Does other parent have shared custody? _____	4)...been expelled from their former school(s)?	<input type="checkbox"/>	<input type="checkbox"/>
	5)...special medical needs?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please specify: _____		

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/Family (non refundable): _____		

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