



# HOLY TRINITY CATHOLIC SCHOOL

Application for Admission for School Year 2012-2013

Application Accepted: \_\_\_ Yes \_\_\_ No

Principal's Signature: \_\_\_\_\_

<b>STUDENT'S INFORMATION:</b>				
Please Circle – Applying for Grade:		<b>2 Yr Old Mother's Day Out</b> PreK3 – 3 day FT 3 day PT 5 day FT 5 day PT PreK4 K 1 2 3 4 5 6		Date of Birth:
Child's Full Name:	First	Middle	Last	Suffix (Jr., III, etc.)
Place of Birth:		Sex:		Race:
Social Security Number:		Baptized?	___ Yes ___ No	
Child's Religion:		Does the applicant have a sibling attending this school?		
Parish Church (Name, City, State)		Legal Guardian (if different than parents)		
Applicant Lives with:				
<b>FATHER'S INFORMATION:</b>				
Father's Full Name:	Title	First	Middle	Last
Street Address:		City	State	Zip
Telephone Numbers	Home	Work	Cell	Email
	Fax	Religion		
Occupation		Employer's Name, City and State		
Step-Mother's Name (If Applicable)		Step-Mother's Cell Phone:		
Marital Status:		Custody:		
<b>MOTHER'S INFORMATION:</b>				
Mother's Full Name:	Title	First	Middle	Last
Street Address:		City	State	Zip
Telephone Numbers	Home	Work	Cell	Email
	Fax	Religion		
Occupation		Employer's Name, City and State		
Step-Father's Name (If Applicable)		Step-Father's Cell Phone:		
Marital Status:		Custody:		
<b>LEGAL GUARDIAN'S INFORMATION (If different from parents):</b>				
Guardian's Full Name:	Title	First	Middle	Last
Street Address:		City	State	Zip
Telephone Numbers	Home	Work	Cell	Email
	Fax	Religion		
Occupation		Employer's Name, City and State		

**PERSON(S) FINANCIALLY RESPONSIBLE FOR THE APPLICANT:**

Name:		Relationship to Student:		
Street Address:		City	State	Zip
Telephone Numbers	Home	Work	Cell	Email

**INFORMATION FOR EMERGENCY OR MEDICAL CARE**

Please list any allergies or major medical problems (asthma, diabetes, heart trouble, epilepsy, etc.)

Please describe any special health or learning needs of your child:

Emergency Contact (In case parents or guardians can't be reached):	Home Phone	Work Phone	Cell Phone

Student's Physician's Name:		Physician's Phone Number:	

Any additional information you would like to share about your child/family:

Please list any special instructions regarding custody or visitation:

Persons authorized to check student out of school:

Persons not authorized to check students out of school:

Parent/Guardian Signature:	Date:
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Parent/Guardian Signature:	Date:
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**THE ITEMS LISTED BELOW MUST BE ON FILE IN THE HTCS OFFICE FOR REGISTRATION TO BE COMPLETED & APPROVED.**

**For Office Use Only**

Birth Certificate     
  Social Security Number     
  Last Report Card (if transferring)  
 Baptismal Certificate     
  Health Compliance Form

Registration Fee:     
 \_\_\_\_\_ Amount     
 \_\_\_\_\_ Check#/Cash     
 \_\_\_\_\_ Date Rcvd     
 \_\_\_\_\_ Received By