



# HOLY TRINITY CATHOLIC HIGH SCHOOL

6608 West Adams Ave ♣ Temple, TX 76502 ♣ Ph. 254-771-0787 ♣ Fax 254-771-2258 ♣ [www.holytrinitychs.org](http://www.holytrinitychs.org)

6608 West Adams Ave  
Temple, TX 76502  
254-771-0787  
Fax: 254-771-2258  
Email: [kgonzales@holytrinitychs.org](mailto:kgonzales@holytrinitychs.org)

**Christopher Mosmeyer**  
Principal

**Karmella Gonzales**  
Admissions Director

**Cheryl Sanders**  
Head Counselor

## APPLICANT FOR TRANSFER ADMISSIONS (To be completed by parent/guardian.)

PLEASE PRINT OR TYPE. DO NOT USE STAPLES.

Applicant Name (legal) \_\_\_\_\_

First Middle Last Suffix

Gender:  Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade Applying For: 9 10 11 12

Address: \_\_\_\_\_

Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Applicant's Current School: \_\_\_\_\_

Student Email Address \_\_\_\_\_ Student Cell Phone (\_\_\_\_) \_\_\_\_\_

Language spoken at home other than or addition to, English: \_\_\_\_\_

Ethnic Origin (required):  African American  Asian  Caucasian  Native American  
 Pacific Islander  Hispanic  Other: \_\_\_\_\_

Religious Denomination: \_\_\_\_\_ Parish: \_\_\_\_\_

### Parent Information

Father: \_\_\_\_\_

Title Last First Middle

Mother: \_\_\_\_\_

Title Last First Middle

Home Address: \_\_\_\_\_

Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Mother's Place of Employment \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

*Primary email is for receiving school correspondence, i.e. attendance notification, e-newsletter, etc.*

### Secondary Parent/Guardian (Please type or print clearly)

Father: \_\_\_\_\_

Title Last First Middle

Mother: \_\_\_\_\_

Title Last First Middle

Home Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Mother's Place of Employment \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Work Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Primary E-mail: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

*Primary email is for receiving school correspondence, i.e. attendance notification, e-newsletter, etc.*

Parents are:  Married  Divorced  Separated Deceased:  Mother  Father  
Applicant Resides with:  Parents  Mother  Father  Step-father  Step-mother  Guardian  
If not residing with a parent, please specify relationship \_\_\_\_\_  
Has legal custody of applicant:  Both Parents  Mother  Father  Other \_\_\_\_\_

**OFFICIAL CORRESPONDENCE**

Send all school correspondence to:  Primary Address  Secondary Address

Does the applicant have any siblings or relatives who have attended or currently attend Holy Trinity Catholic High School?

Name	Relationship	Class of
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please answer the following questions in the space provided. This information is considered confidential and if the applicant if accepted the information will become part of the student's guidance/counseling file.**

What are your top 3 reasons for seeking admission for your child at Holy Trinity Catholic High School?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**STATEMENT OF ACCURACY AND AUTHENTICITY**

I have read and understand this application, and I further certify that the information and attached documents are complete and accurate to the best of my knowledge. I agree to communicate in writing to Holy Trinity Catholic High School any changes contained herein, even if said changes occur after submission of application or enrollment. I understand that upon discovery of substantial inaccuracy or omission of information requested therein, the school reserves the right to reconsider the applicant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICANT RESPONSE**

PLEASE PRINT OR TYPE ANSWERS. ANSWERS MUST BE LIMITED TO THE SPACE PROVIDED DO NOT USE STAPLES.

In order to help Holy Trinity Catholic High School learn more about your interests, we would like for you to answer the following questions. Please complete the questions in your own handwriting in black ink. ***Please do not type.***

Why do you want to transfer to Holy Trinity Catholic High School?

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Name one person whom you admire and why.

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Describe the greatest achievement or event in your life so far.

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Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_