



Trinity Catholic Schools



K-12 Registration Form 2020-2021

Thank you for registering with Trinity Catholic Schools
Please fill out this form entirely and return to:
Trinity Business Office, 810 Empire Road, Dickinson, ND 58601
Contact Pam at (701)483-6092 with any questions

Father/Guardian Information:

Father Last Name:

Father First Name:

Address:

City, State Zip:

Father Home Phone:

Father Cell:

Email:

Employer:

Work Phone:

Parish/Religion*:

Trinity Graduate? NO YES Year:

Mother/Guardian Information:

Mother Last Name:

Mother First Name:

Address:

City, State Zip:

Mother Home Phone:

Mother Cell:

Email:

Employer:

Work Phone:

Parish/Religion*:

Trinity Graduate? NO YES Year:

*We welcome families of all faith denominations and religious professions. You do not need to be Catholic to attend Trinity.

Student(s) live with: Both parents Father Mother Other _____

Who should receive correspondence from the school (i.e. report cards, school mailings, newsletters):

Choose One: Both parents Father Mother Other _____

Parental Concerns/Notes: _____

Emergency Contact: List someone, other than parents, who the student(s) may be released to, or who may make decisions regarding the student(s) should something happen to parents.

Primary Contact / Relation Phone

Secondary Contact / Relation Phone

Clinic & Doctor Phone

Dentist Clinic & Dentist Name Phone

Student Information:

First Name:	Last Name:	Grade:	School:

NEW Student Number 1 (Must list Full Legal Name)

First Name:		Middle Name:	Last Name:	Gender: Male Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL Trinity East Trinity West Trinity North (5 & 6) Trinity JH/HS		
Date & Place Baptized (write N/A if not applicable):		Date & Place Confirmed (write N/A if not applicable):		
Race (circle one): Caucasian Native American African American Latino/Hispanic Asian/Pacific Islander Other				
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>				
<p>**Note: We will make every effort to work with your child within the range of services Trinity can provide. New students who enroll at Trinity are required to begin with a probationary period. If necessary, after a nine-week period from enrollment (or sooner if need be), a meeting including the principal/dean of students and parents may be held to discuss how the student is adjusting to the new school setting, whether or not the student is demonstrating academic success, and whether or not the student is exhibiting behavior consistent with Trinity standards. In the event that a student does not show adequate progress during this probationary period, the student may be required to withdraw from Trinity.</p>				

NEW Student Number 2 (Must list Full Legal Name)

First Name:		Middle Name:	Last Name:	Gender: Male Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL Trinity East Trinity West Trinity North (5 & 6) Trinity JH/HS		
Date & Place Baptized (write N/A if not applicable):		Date & Place Confirmed (write N/A if not applicable):		
Race (circle one): Caucasian Native American African American Latino/Hispanic Asian/Pacific Islander Other				
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>				
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Referred by family: Family name*: _____

*The family you list may be eligible for our tuition referral credit (open to K-12 families only)

A Non-Refundable **\$100 Annual Registration Fee (per student)** is ***DUE*** with this Enrollment Form.

My signature below indicates my financial obligation to Trinity Catholic Schools.

Responsible Party - Parent/Legal Guardian Signature

Date