



Holy Trinity Catholic School Application



Accredited by Middle States Association
Commissions on
Elementary and Secondary Schools

APPLYING FOR GRADE (please circle) PREK KN 1 2 3 4 5 6 SIBLINGS APPLYING FOR GRADE _____
SCHOOL YEAR: _____
FOR PREK: _____ HALF DAY _____ FULL DAY

CHILD'S NAME: _____
ADDRESS: _____ ZIP: _____
TELEPHONE: _____ SCHOOL DISTRICT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____ CITIZEN: _____
SEX: _____ RACE: _____
NON-CATHOLIC _____ CATHOLIC _____ REGISTERED MEMBER OF _____ PARISH

FATHER'S FULL NAME: _____
FATHER'S PLACE OF EMPLOYMENT: _____ OCCUPATION: _____
WORK PHONE NUMBER: _____ CELL: _____ E-MAIL: _____
FATHER'S PLACE OF BIRTH: _____ RELIGION: _____
EDUCATION: (PLEASE CIRCLE) ELEMENTARY SECONDARY COLLEGE ADVANCED

MOTHER'S FULL NAME: _____
MOTHER'S PLACE OF EMPLOYMENT: _____ OCCUPATION: _____
WORK PHONE NUMBER: _____ CELL: _____ E-MAIL: _____
MOTHER'S PLACE OF BIRTH: _____ RELIGION: _____
EDUCATION: (PLEASE CIRCLE) ELEMENTARY SECONDARY COLLEGE ADVANCED

BROTHERS: (Names & ages) _____
SISTERS: (Names & ages) _____

PLEASE CIRCLE PHRASES THAT DESCRIBES YOUR PRESENT FAMILY SITUATION:
MARRIED SEPARATED DIVORCED SINGLE PARENT FATHER REMARRIED MOTHER REMARRIED

CHILD LIVES WITH FATHER _____ MOTHER _____ STEPFATHER _____ STEPMOTHER _____
IF THERE IS A STEPFATHER OR STEPMOTHER PLEASE LIST THEIR NAME BELOW:

IF NONE OF THE ABOVE, PLEASE GIVE FULL NAME AND RELATIONSHIP OF
CHILD'S GUARDIAN _____

PARENTAL RIGHTS (in cases of separation or divorce) _____

(School to be supplied with a copy of court order.)

PLEASE COMPLETE REVERSE SIDE ALSO.

LANGUAGE SPOKEN AT HOME (if not English) _____

LAST SCHOOL CHILD ATTENDED: _____

ADDRESS OF ABOVE SCHOOL: _____

ZIP: _____

SACRAMENTS RECEIVED:

	<u>CHURCH</u>	<u>CITY & STATE</u>	<u>DATE</u>
BAPTISM:	_____	_____	_____
FIRST PENANCE:	_____	_____	_____
FIRST EUCHARIST:	_____	_____	_____

(School must be provided with a copy of child's baptismal certificate for verification purposes, unless child was baptized at St. Patrick Church.)

IS THERE ANY SPECIAL INFORMATION WE NEED TO KNOW ABOUT YOUR CHILD? _____

WHAT ARE YOUR REASONS FOR WANTING TO SEND YOUR CHILD/CHILDREN TO HOLY TRINITY CATHOLIC SCHOOL? _____

HOW DID YOU FIND OUT ABOUT HOLY TRINITY CATHOLIC SCHOOL? _____

HAVE YOU RECEIVED BAPTISM BUDDY CARDS FROM STUDENTS IN OUR SCHOOL?

YES NO

The Parents and/or Guardians of the applicant student hereby agree that they and their applicant student will abide by each of the policies and procedures that may be adopted from time to time by the Diocese of Harrisburg and by the Holy Trinity Catholic School, including but not limited to those set forth or referred to in the Holy Trinity Catholic School/Diocese of Harrisburg student handbook.

(Parent/Guardian Signature)

(Date)

Any child accepted into Holy Trinity Catholic School during the school year will be on probation for a period of 3 months.