



New Student Registration Form

Please complete **ALL** blank spaces and please print.

Student Information

Grade Entering _____ If Pre-K: Full Time Part Time-3 Full Days Part Time-5 Half Days

Legal Name: Last _____ First _____ Middle _____

Child prefers to be called: _____

Primary address: _____

Child resides with: Parents Mother Father Legal Guardian

Gender: F M Birthdate _____ (MM/DD/YYYY)

Race: *Please mark all that apply*

American Indian / Alaska Native

Asian

Black / African American

Hispanic / Latino

Native Hawaiian/Pacific Islander

White

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Religion: _____ Parish/Church: _____

Public School Districts where student currently resides:

Grade school: _____

High school: _____

Last School Attended: _____

Address: _____

Signature Consent to release student records to Holy Trinity: _____

Requirements for Enrollment:

Birth Certificate &

Baptism Certificate (if Catholic)

\$100 Family Registration Fee

non-refundable, check payable to HTCS

Office Use:

Registration Date: _____

Payment: _____ check# _____

_____ cash



Parent Information

Parent/Guardian #1:

Relationship to Child: _____

Legal Name: Last _____ First _____ Middle _____

Prefers to be called: _____

Address: _____

Phone: Cell _____

Work _____

Home _____

Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Are you a Catholic Grade School or High School alumni? Please list: _____

Religion: _____ Parish/Church: _____

Parent/Guardian #2:

Relationship to Child: _____

Legal Name: Last _____ First _____ Middle _____

Prefers to be called: _____

Address and home phone is same as Parent/Guardian #1

Address: _____

Phone: Cell _____

Work _____

Home _____

Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Are you a Catholic Grade School or High School alumni? Please list: _____

Religion: _____ Parish/Church: _____

If either parent is deceased, please check here:

Mother is deceased Father is deceased



HOLY TRINITY
CATHOLIC SCHOOL
A ministry of Holy Trinity and St. Stephen Parishes

Guardian Information – ***only if necessary*** for example: stepparents, grandparents, other primary caregivers, or legal guardians, etc.

Guardian #1

Relationship to Child: _____

Legal Name: Last _____ First _____ Middle _____

Prefers to be called: _____

Address: _____

Phone: Cell _____

Work _____

Home _____

Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Religion: _____ Parish/Church: _____

Guardian #2

Relationship to Child: _____

Legal Name: Last _____ First _____ Middle _____

Prefers to be called: _____

Address: _____

Phone: Cell _____

Work _____

Home _____

Email: _____

Occupation: _____ Employer: _____

Employer Address: _____

Religion: _____ Parish/Church: _____



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Emergency Contact Information (not parent/guardian #1 & #2)

Name _____

Relationship to Child: _____ Phone Number _____

Name _____

Relationship to Child: _____ Phone Number _____

Siblings: Please list ALL siblings

_____	_____	_____	_____
Name	Age	Gender	School Attending

_____	_____	_____	_____
Name	Age	Gender	School Attending

_____	_____	_____	_____
Name	Age	Gender	School Attending

_____	_____	_____	_____
Name	Age	Gender	School Attending

_____	_____	_____	_____
Name	Age	Gender	School Attending