



# HOLY TRINITY SCHOOL



### PreK 3 to Grade 8

336 First Street, Westfield, NJ 0709  
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## 2020-2021 APPLICATION FORM: Two Year Olds, PreK-3, PreK-4 Programs

**Pupil** \_\_\_\_\_

Last name

First Name

Middle Initial

**Home Address** \_\_\_\_\_

Street

Town

Zip Code

Telephone Number

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Race** \_\_\_\_\_

**Parish** \_\_\_\_\_ **Name Registered Under** \_\_\_\_\_

**Baptism Date** \_\_\_\_\_ **Church** \_\_\_\_\_ **City & State** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Religion** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Text Y/N** \_\_\_\_\_ **Email** \_\_\_\_\_

**Father's Address (If different from child's)** \_\_\_\_\_

**Living** \_\_\_\_\_ **Deceased** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Divorced** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Maiden Name** \_\_\_\_\_

**Religion** \_\_\_\_\_ **Occupation** \_\_\_\_\_ **Cell #** \_\_\_\_\_ **Text Y/N** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Email** \_\_\_\_\_

**Mother's Address (If different from child's)** \_\_\_\_\_

**Living** \_\_\_\_\_ **Deceased** \_\_\_\_\_ **Separated** \_\_\_\_\_ **Divorced** \_\_\_\_\_

**Child lives with:** Both parents \_\_\_\_\_ **Father** \_\_\_\_\_ **Mother** \_\_\_\_\_ **Father & Stepmother** \_\_\_\_\_

**Mother & Stepmother** \_\_\_\_\_ **Other** \_\_\_\_\_

**Is your child fully immunized?** Yes \_\_\_\_\_ No \_\_\_\_\_

### CLASS SCHEDULE 2020-2021 ~ Choose one

**Two Year Olds (9-11:30)**

\_\_\_ PreK 2 (T-TH)

**PreK 3 (9-11:30/2:30)**

\_\_\_ PreK3-3 am (MWF)

\_\_\_ PreK3-5 am

\_\_\_ PreK3-5am+ 2pm (T-TH)

**PreK 4 Full Day (8:30-2:30)**

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*Please include copy of birth certificate, baptismal certificate, immunization record, and current physical with your application. Please register with FACTS to pay the \$ 175 application fee and select a tuition payment plan. The FACTS link is <https://online.factsmgt.com/signin/3JYJV>*



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