

## MISSION STATEMENT

Holy Trinity is committed to communicating Gospel values, providing a quality academic program and developing a faith community that encourages respect for self, others and the global community.



# HOLY TRINITY SCHOOL

## Application for Admission

### CHILD

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_  Male  Female

Is the child adopted? \_\_\_\_\_ Does the child know? \_\_\_\_\_ Is the child a foster child? \_\_\_\_\_ Does the child know? \_\_\_\_\_

Child Lives with:  Both Parents  Mother  Father  Stepparent  Guardian (*relationship*) \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Marital Status  Married  Single  Divorced  Widowed

### PARENTS

#### MOTHER

Mother's Name \_\_\_\_\_

Address \_\_\_\_\_

email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Regular Work Hours \_\_\_\_\_

#### FATHER

Father's Name \_\_\_\_\_

Address \_\_\_\_\_

email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Regular Work Hours \_\_\_\_\_

#### STEPPARENT

Stepparent's Name \_\_\_\_\_

Address \_\_\_\_\_

email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Regular Work Hours \_\_\_\_\_

#### GUARDIAN

Name (*Relationship*) \_\_\_\_\_

Address \_\_\_\_\_

email address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Occupation \_\_\_\_\_

Regular Work Hours \_\_\_\_\_



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— Page 2 —

### LEARNING PROFILE

#### CHILD DEVELOPMENT

Check the words that best describe your child at this time:  Shy  Good Student  Carefree  
 Worried  Nervous  Studious  Withdrawn  Happy  Hard Worker  Doesn't Care  
 Child gets along with other children:  Well  Fairly Well  Fair  Poorly  
 Child is generally:  Active  Restless  Seeking Attention  Quiet  Not Very Active  
 Child's attention span is:  Short  Adequate Does your child display confidence?  Yes  No  
 Does your child wear glasses?  Yes  No Is your child right or left handed? \_\_\_\_\_

What responsibilities or independent activities does your child perform with regularity? \_\_\_\_\_

Has your child received any psychological services?  Yes  No If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

Please list any area that you, as a parent, find an immediate need for the school to look into to help your child if your child becomes a student at Holy Trinity School. \_\_\_\_\_

#### ACADEMIC SKILLS

Current Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Address \_\_\_\_\_

Please note how your child is presently experiencing the following subjects and rate his/her performance at this time:

Reading \_\_\_\_\_ Spelling \_\_\_\_\_

Math \_\_\_\_\_ English \_\_\_\_\_

Science \_\_\_\_\_ Social Studies \_\_\_\_\_

Is there any information regarding your child about which the school should be made aware? Please explain: \_\_\_\_\_

Has the applicant been on probation, suspended, dismissed or withdrawn from any school?  Yes  No

If yes, please attach a statement giving the name of the school and relevant details.

#### LANGUAGE AND SPEECH

Is another language spoken at home?  Yes  No Which language? \_\_\_\_\_

Does your child have a speech defect  Yes  No

Has your child been enrolled in any of the following services to help him/her in learning? (please check all that apply)

ESL (English as a Second Language Program; Remedial Reading Program)  L.D. (Learning Disability Service)

Title I Program (list subjects): \_\_\_\_\_

Speech Therapy  Music Program

Holy Trinity School states their open admission policy:

No person, on the grounds of race, color or national origin, is excluded or otherwise subjected to discrimination in receiving services.



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— Page 3 —

### EMERGENCY CONTACT

Please list in order of preference those people you want us to contact in case of an emergency if parent/guardian is not available:

1.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

2.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

### RELIGIOUS BACKGROUND

#### RELIGION

Child's Religion \_\_\_\_\_

Child's Parish \_\_\_\_\_ City / State \_\_\_\_\_

Mother's Religion \_\_\_\_\_ Father's Religion \_\_\_\_\_

#### \* SACRAMENTS

##### **Baptism**

Date \_\_\_\_\_

Church \_\_\_\_\_

City/ State \_\_\_\_\_

Verified by \_\_\_\_\_

##### **First Communion**

Date \_\_\_\_\_

Church \_\_\_\_\_

City/ State \_\_\_\_\_

Verified by \_\_\_\_\_

##### **Reconciliation**

Yes  No

\* Sacramental Certificates must be enclosed with application.

### APPLICATION INSTRUCTIONS AND FEE

Please mail application to Holy Trinity School, 11 North Whittlesey Avenue, Wallingford, CT 06492. A non-refundable \$25 fee is due with application. Please make check payable to Holy Trinity School.

Please contact us at 203.269.4476 or email us at holy.trinity.school@snet.net with any questions.

### OFFICE USE ONLY

Date Recieved \_\_\_\_\_ Application Fee \_\_\_\_\_ Registration Deposit \_\_\_\_\_

K:  Yes  No