



Holy Trinity School
11 North Whittlesey Ave.
Wallingford, CT 06492
203 269-4477
www.hts-wallingford.org

Michael J. Frechette, Ph.D., *Principal*

Faith, Knowledge, Success

NEW STUDENT APPLICATION FOR ADMISSION

This application is to be fully completed by the prospective student's parent or guardian and returned to HTS with the applicant's birth certificate, baptismal certificate, and application fee of \$25.00.

STUDENT INFORMATION

Full Name of Prospective Student 1: _____ **Date of Birth:** _____ **M/F :** _____

Home address: _____

Religion: _____ **Parish:** _____ **Date of Baptism:** _____

Applying for grade: Pre-K 3 (Part-Time/Full Time) _____ **Days**

Pre-K 4 (Part-Time/Full Time) _____ **Days**

Grade: K 1 2 3 4 5 6 7 8 **Requested Start Date:** _____

Full Name of Prospective Student 2: _____ **Date of Birth:** _____ **M/F :** _____

Religion: _____ **Parish:** _____ **Date of Baptism:** _____

Applying for grade: Pre-K 3 (Part-Time/Full Time) _____ **Days**

Pre-K 4 (Part-Time/Full Time) _____ **Days**

Grade: K 1 2 3 4 5 6 7 8 **Requested Start Date:** _____

Full Name of Prospective Student 3: _____ **Date of Birth:** _____ **M/F :** _____

Religion: _____ **Parish:** _____ **Date of Baptism:** _____

Applying for grade: Pre-K 3 (Part-Time/Full Time) _____ **Days**

Pre-K 4 (Part-Time/Full Time) _____ **Days**

Grade: K 1 2 3 4 5 6 7 8 **Requested Start Date:** _____

Mission Statement

Faith- Knowledge-Success

Holy Trinity School exists to communicate Gospel values, to provide an academic program of excellence, and to develop a faith community which encourages respect for self, others, and the global community, establishing lifelong learners who have the skills to succeed beyond the classroom.

FAMILY INFORMATION

Marital Status: Single Married Separated Divorced Widowed

Applicant lives with: Both Parents Guardian Father Only Father/Stepmother
 Mother Only Mother/Stepfather

Please complete the following information for: Father Stepfather Guardian

Full Name: _____ Religion: _____

Employer: _____ Position: _____

Cell Phone: _____ Work Phone: _____ E-Mail: _____

Please complete the following information for: Mother Stepmother Guardian

Full Name: _____ Religion: _____

Employer: _____ Position: _____

Cell Phone: _____ Work Phone: _____ E-Mail: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Cell Phone: _____

List those who may pick up your child/children: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Years attended: _____ Reason for Transfer: _____

MEDICAL INFORMATION

Doctor: _____ Phone: _____ Hospital: _____

Please tell us about your child. Include if your child/children have special learning needs or health-related issues.

PLEASE PROVIDE ALL APPLICABLE DOCUMENTS FOR EACH APPLICANT

_____ Birth Certificate _____ Immunization Record (after acceptance of student) _____ \$25 Application Fee
_____ Baptismal Ctf. _____ First Communion Certificate _____ Release of Records (previous schools)

How/from whom did you hear about Holy Trinity School?

Parents' Signature: _____ Date: _____

Parents' Signature: _____ Date: _____

Appointment with Dr. Frechette (Principal) may be made upon receipt of application and all applicable documents.

OFFICE CHECK LIST

_____ Birth Certificate _____ Immunization record _____ \$25 Application Fee
_____ Baptismal Certificate _____ First Communion Certificate _____ Release of Records

Principal Appointment

Date: _____ Time: _____

Thank you for your application. Please call us at 203-269-4476 if you have any questions.

