



Holy Trinity School

Faith, Knowledge, Success

Date Received:	_____
Academic Year:	_____

NEW STUDENT APPLICATION FOR ADMISSION—2024-2025 ACADEMIC YEAR

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 (if applicable), and an application fee of \$75.00 (Fee is non-refundable).

STUDENT INFORMATION

Prospective Student: _____ Date of Birth: _____ M/F : _____

Family Name: _____ Place of Birth: _____

Home address: _____

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

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

Mother’s Maiden Name: _____ Marital Status: *Married Single Divorced Widowed*

Federal guidelines require us to record the Race/Ethnicity of every child.

Please circle one or more from the following groups:

Hispanic/Latino American Indian/Alaska Native Asian African American White Hawaiian Other

FAMILY INFORMATION

Complete the following information for: *Mother Stepmother Guardian*

Full Name: _____ Address: _____

Employer: _____ Position: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Complete the following information for: *Father Stepfather Guardian*

Full Name: _____ Address: _____

Employer: _____ Position: _____

Cell Phone: _____ Work Phone: _____ Email: _____

RELIGIOUS BACKGROUND

Child's Religion: _____
Child's Parish: _____ City/State: _____
Mother/Stepmother/Guardian's Religion: _____
Father/Stepfather/Guardian's Religion: _____
Baptism Date: _____ Church: _____ City/State: _____
Reconciliation: *Yes or No*
First Communion Date: _____ Church: _____ City/State: _____

PREVIOUS SCHOOL INFORMATION

Name of School: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Years attended: _____ Reason for Transfer: _____

LANGUAGE AND SPEECH

Is another language spoken at home? *Yes or No* Which language? _____
Has your child been enrolled in any of the following services to help him/her in learning?
Please circle all that apply:
* *ESL (English as a Second Language Program; Remedial Reading Program)*
* *L.D. (Learning Disability Service)* * *Speech Therapy*

MEDICAL AND LEARNING NEEDS INFORMATION

Doctor: _____ Phone: _____ Hospital: _____
Please tell us about your child. *Include if your child/children have special learning needs or health-related issues.*

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Cell: _____
List those who may pick up your child:

PLEASE PROVIDE ALL APPLICABLE DOCUMENTS FOR APPLICANT

____ Birth Certificate ____ Immunization Records (after acceptance of student)
____ Application Fee ____ Baptismal Certificate ____ First Communion Certificate
____ Release of Records (previous schools)

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

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

An appointment with the Principal, Michael J. Frechette, Ph.D.,
may be made upon receipt of application and all applicable documents.

Thank you for your application!



OFFICE USE ONLY

____ Birth Certificate ____ Immunization Records (after acceptance of student) ____ Application Fee
____ Baptismal Ctf. ____ First Communion Certificate ____ Release of Records (previous schools)
____ Shadow Day Scheduled ____ Screening Scheduled ____ Acceptance Letter ____ Tuition Deposit
____ Registration Fee