



Holy Trinity School

Faith, Knowledge, Success

Date Received: _____

Academic Year: _____

NEW STUDENT APPLICATION FOR ADMISSION—2025-2026 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: _____

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

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)

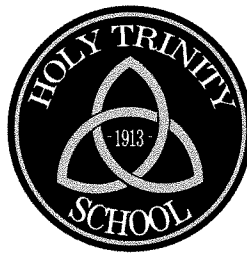
How/from whom did you hear about Holy Trinity School?

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