



Holy Trinity School

Faith, Knowledge, Success

Date Received:	_____
Academic Year:	_____

NEW STUDENT APPLICATION FOR ADMISSION—2026-2027 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, and an application fee of \$100.00 (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