



FAMILY REGISTRATION FORM 2022-2023

PLEASE PRINT ALL INFORMATION.

GENERAL FAMILY INFORMATION- Please Complete ALL the information

Father: Home/Cell Phone: Address: Work Phone: City/State/Zip: Home Parish: Father E-mail: Occupation: Religion: Employer: Public School District of Residence: Father's Marital Status (circle): Married Single Divorced Separated Widowed Guardian/Ward

Mother: Home/Cell Phone: Address: Work Phone: City/State/Zip: Home Parish: Mother E-mail: Occupation: Religion: Employer: Public School District of Residence: Mother's Marital Status (circle): Married Single Divorced Separated Widowed Guardian/Ward

ADDITIONAL FAMILY INFORMATION

Please list first names and ages of all children in family:

**New Families – Please list the name of the person you were referred by if any:

PARENT/GUARDIAN SIGNATURES

Parent(s)/Guardian(s): I/We agree to assume responsibility for all tuition, fees, books, and other expenses of the student(s) while attending Holy Trinity Catholic School. This agreement will be in effect for each semester the student(s) is/are enrolled. I/We also give permission to Holy Trinity Catholic School to request and receive all pertinent records for my/our children's current school. On applications where only one signature of a parent/guardian is provided, Holy Trinity Catholic School will assume this parent/guardian will be solely responsible for tuition and other expenses.

Signature: Print Name: Date: Signature: Print Name: Date:

STUDENT INFORMATION

Last Name(Legal): _____ First Name(Legal): _____ Middle: _____

Gender: Male _____ Female _____ Birth Date: ___/___/_____ Religion: _____

Place of Birth: _____ Current Public School District: _____

Grade (Circle one option): 3K Half-day or Full-Day 4K Half-day or Full-Day
 5K 1st 2nd 3rd 4th 5th 6th 7th 8th

Last Name(Legal): _____ First Name(Legal): _____ Middle: _____

Gender: Male _____ Female _____ Birth Date: ___/___/_____ Religion: _____

Place of Birth: _____ Current Public School District: _____

Grade (Circle one option): 3K Half-day or Full-Day 4K Half-day or Full-Day
 5K 1st 2nd 3rd 4th 5th 6th 7th 8th

Last Name(Legal): _____ First Name(Legal): _____ Middle: _____

Gender: Male _____ Female _____ Birth Date: ___/___/_____ Religion: _____

Place of Birth: _____ Current Public School District: _____

Grade (Circle one option): 3K Half-day or Full-Day 4K Half-day or Full-Day
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