



NEW STUDENT REGISTRATION FORM

PLEASE PRINT ALL INFORMATION.

I. GENERAL FAMILY INFORMATION

Family Name: _____	
Child Name: _____	Grade: _____
Child Name: _____	Grade: _____

Father's Name: _____			
First	Middle	Last	
D.O.B.: _____		Place of Birth: _____	
Educational Level: _____			
_____		()	_____
Father's Workplace/Occupation	Hours	Work Number	
Mother's Name: _____			
First	Middle	Last	Maiden
D.O.B.: _____		Place of Birth: _____	
Educational Level: _____			
_____		()	_____
Mother's Workplace/Occupation	Hours	Work Number	
Does the family reside in the Kewaskum School District? Yes, or No			
If there is a divorce and/or legal separation, with whom does the student(s) reside: _____			
If there is primary placement and/or a placement agreement, please indicate below.			

II. RELIGIOUS INFORMATION

Student's Religious affiliation: _____
 Sacraments Received:
 Student name: _____

Baptism: Date: _____ Church/Denomination/City _____
 Reconciliation: Date: _____ Church/Denomination/City _____
 Eucharist: Date: _____ Church/Denomination/City _____

Student name: _____

Baptism: Date: _____ Church/Denomination/City _____
 Reconciliation: Date: _____ Church/Denomination/City _____
 Eucharist: Date: _____ Church/Denomination/City _____

Note: *If the student(s) have been baptized, a copy of the baptismal certificate must be attached to this registration form. If the student(s) have received other sacraments, please also attach those certificates.*

Parish where family is registered: _____ City _____

III. PRIOR EDUCATIONAL EXPERIENCE

Did your child(ren) ever receive or be recommended for special education or other educational interventions (including tutoring)?
 _____ yes _____ no If yes, please check those that apply and **indicate which child(ren)** it is applicable to:

_____ Psychological testing (including ADD/ADHD evaluation) in grade _____.
 Comments:
 _____ Tutoring or other non-special education related interventions in grade _____.
 Comments:
 _____ Speech therapy; began in grade _____ and ended in grade _____.
 Comments:
 _____ My child has an IEP from another school/district and has received the following special education services:

Name and addresses of previous school's your children attended:

Reasons for entering or transferring to Holy Trinity School:

Were you referred by a Holy Trinity School parent? If so, what is the name of the family who referred you?

IV. PARENTAL AGREEMENT

I understand that Holy Trinity is a K3-8th grade, Catholic, elementary school, established and subsidized by members of Holy Trinity Parish for the purpose of assisting parents in fulfilling their primary responsibility as *the first and foremost catechists of their children (NCD 212)*. As parent/guardian of children, I ask that the above child(ren) be enrolled at Holy Trinity School for the next school year.

I agree to live my faith to the best of my ability, to participate at Mass regularly and see to it that my child(ren) who are enrolled at Holy Trinity School do the same. I further agree to support the guidelines found in the current Family Handbook, ensure that my child(ren) will complete assigned homework, to give the faculty/staff whatever support is necessary, to participate in all parent conferences as requested, and to accept responsibility for payment of tuition and fees on a timely basis.

With my/our signature(s) I/we certify and attest that the above information and statement are complete and accurate to the best of my/our knowledge and belief.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____