



APPLICATION FOR ENROLLMENT

SECTION I: STUDENT INFORMATION

Child's Name: (First) (Middle) (Last) Sex: M F

My child goes by the following first name:

Home Address: Street City State Zip Code

Home Phone Number: Home E-Mail:

Present Grade: Grade next school year*: Has a sibling(s) who attend(s) Holy Trinity Catholic School Name(s)/Grade(s):

Birth Date: Child's Religion: Baptism: First Communion: Church City/State Date

Kindergarten Applicants:

Did your child attend preschool? no yes, name of preschool:

The next two questions are for transfer students new to Holy Trinity Catholic School. If your student will be in Preschool, Kindergarten or is a current Holy Trinity student, please skip to Section II.

- 1) If transferring from another school, please explain the reason for transfer:
2) Has the applicant ever been suspended or expelled from a school? No Yes, please explain:

SECTION II: FAMILY INFORMATION

FATHER

Name: Preferred First Name: Address: City: State: Zip: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone: Business E-Mail: Religion: Parish:

MOTHER

Name: Preferred First Name: Address: City: State: Zip: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone: Business E-Mail: Religion: Parish:

Applicant lives with (name and relationship): If split family, custodial rights: sole joint or other: Is there any additional information you wish to share with us?

Central Campus
1385 W. 6th Street
Jasper, IN 47546
Ph: 812.482.4461
Fax: 812.482.7762

East Campus
990 Church Avenue
Jasper, IN 47546
Ph: 812.482.4485
Fax: 812.481.9909

West Campus
PO Box 67
Ireland, IN 47545
Ph: 812.482.7041
Fax: 812.482.3699

SECTION III: ACADEMIC HISTORY

For transfer students new to Holy Trinity Catholic School.

If your child will be in Preschool, Kindergarten or is a current Holy Trinity student, please skip to Section IV.

Applicant's Current School's Name: _____

School's Address: _____
Street City State Zip Code

Dates Attended: _____ School's Phone : (____) _____

Principal's Name: _____ Current Teacher's Name: _____

Former Schools (list in order, beginning with the most recent):
School Address Dates Attended

Does your child have an IEP (Individual Educational Plan), an ISP (Individual Service Plan) or Section 504 Plan? Yes No

Condition/Disability: _____

SECTION IV: HEALTH HISTORY

Has your child been diagnosed with any medical conditions that would affect his/her well-being at school? _____

Condition(s): _____

Does your child take any prescription medication on a long-term basis? _____ Will it be taken at school? _____

Medication(s): _____

Any allergies or foods that cannot be eaten: _____

SECTION V: DOCUMENTATION

Please include the following documentation with this application, if new to Holy Trinity:

- 1) A copy of the child's baptismal certificate.
- 2) A copy of the child's birth certificate.
- 3) A copy of current immunization record.
- 4) A copy of the most recent report card.

SECTION VI: ACKNOWLEDGEMENT

To the parent/guardian: Registration will be finalized only after the necessary records have been received from the previous school and the required fees have been paid. Application to Holy Trinity Catholic School does not guarantee enrollment. A student's enrollment may be denied or revoked if a parent/guardian fails to disclose important information regarding the student at the time of admission.

I, the parent/guardian understand that all students will participate in daily prayer and attend/participate in Mass to the extent that the teachings of the Catholic Church and their own faith tradition allows. I further understand that Religion instruction in the Catholic Faith is part of the curriculum for all students.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____