

Rev. Brian Emmick, Priest Delegate
Mr. Jon Temple, Principal, East Campus
Mrs. Jenna Seng, Principal, Central Campus

Central Campus 1385 W. 6th Street Jasper, IN 47546 Ph: 812.556.1061 Fax: 812.482.7762

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

APPLICATION FOR ENROLLMENT

Child's Name:		Sex: 🗆 N	√ □
(First) (Middle)	(Last)		
My child goes by the following first name:			
Home Address:			
Street Home Phone Number: ()	City Home E-Mail:	State	
Present Grade: Grade next school year*:			
*Final placement will be	Trinity Catholic Sch		
determined by Holy Trinity			
Catholic School	_		
Birth Date:// Child's Rel	gion:		
First Comr	nunion:	City/State	
Kindergarten Applicants:	Church	City/State	Date
Did your child attend preschool? \Box no \Box yes, name	e of preschool:		
Kindergarten – 8 th Grade:			
 If transferring from another school, please explair 	the reason for transfer:		
SECTION II: FAMILY INFORMATION FATHER	MOTHER		
SECTION II: FAMILY INFORMATION FATHER Name:	MOTHER Name:		
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name:	MOTHER Name: Preferred First Name	::	
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address:	MOTHER Name: Preferred First Name Address:	::	
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City:State:Zip:	MOTHER Name: Preferred First Name Address: City:	::State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City: Home Phone:	MOTHER Name: Preferred First Name Address: City:	::State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City:State:Zip:	MOTHER Name: Preferred First Name Address: City:	::State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City:State:Zip: Home Phone:	MOTHER Name: Preferred First Name Address: City: Home Phone: Cell Phone:	::State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City: State: Zip: Home Phone: Cell Phone:	MOTHER Name: Preferred First Name Address: City: Home Phone: Cell Phone: Personal E-Mail:	::State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City: Home Phone: Cell Phone: Personal E-Mail:	MOTHER Name: Preferred First Name Address: City: Home Phone: Cell Phone: Personal E-Mail: Employer:	s:State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City: State: Zip: Home Phone: Cell Phone: Personal E-Mail: Employer:	MOTHER Name: Preferred First Name Address: City: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone:	::State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone:	MOTHER Name: Preferred First Name Address: City: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone: Business E-Mail: Business E-Mail:	s:State:	Zip:
FATHER Name: Preferred First Name: Address: City: State: Zip: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone: Business E-Mail:	MOTHER Name: Preferred First Name Address: City: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone: Business E-Mail: Religion:	State:	Zip:
SECTION II: FAMILY INFORMATION FATHER Name: Preferred First Name: Address: City: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone: Business E-Mail: Religion:	MOTHER Name: Preferred First Name Address: City: Home Phone: Cell Phone: Personal E-Mail: Employer: Work Phone: Business E-Mail: Religion: Parish: Parish	state:	Zip:

(continued on reverse side)

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 School's Phone: (____) _____ Dates Attended: Current Teacher's Name: Principal's Name: Former Schools (list in order, beginning with the most recent): Dates Attended School Address 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? _____ 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: ___ Parent/Guardian Printed Name:

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: