FAMILY REGISTRATION
HOLY TRINITY SCHOOL
2012-2013

FAMILY NAME _____PHONE _____

ADDRESS _____ CITY _____

PARISH _____

Please fill in the first and last name of your child/children by the grade they will be entering in August of 2012. Return this form as soon as possible.

PRE-SCHOOL _____   GRADE 4 _____

KINDERGARTEN_____   GRADE 5_____

GRADE 1 _____   GRADE 6_____

GRADE 2 _____   GRADE 7_____

GRADE 3 _____   GRADE 8_____

_____**WE WILL NOT BE RETURNING NEXT YEAR.**

REASON FOR NOT RETURNING _____

_____.

For Office Use
REGISTRATION FEE $ _____   DATE PAID - CHECK #_____   CASH _____
INITIAL_____