

HOLY TRINITY CATHOLIC SCHOOL REGISTRATION FORM

2024-2025

Student's Name Last _____ First _____ Middle _____ Phone _____

Address Street _____ City _____ State _____ ZIP _____ Male Female

Date of Birth Month _____ Year _____ Place of Birth City _____ State _____

Social Security # _____ Race _____ Religion _____

Date of Enrollment: _____

Entering Grade: _____

MOTHER'S INFORMATION			CURRENT FAMILY DATA			FATHER'S INFORMATION			
Name	Last	First	Middle	Maiden	Last	First	Middle	Number of Other Children in the Family:	
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Remarried	<input type="checkbox"/> Other:	<input type="checkbox"/> Married <input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated	<input type="checkbox"/> Widowed <input type="checkbox"/> Remarried	<input type="checkbox"/> Other:	
Address									
Email	Email: _____		Work: _____		Email: _____		Work: _____		
Phone	Primary: _____		Work: _____		Primary: _____		Work: _____		
Religion									
Occupation									
Place of Birth									
Date of Birth									
Education									
Parish									
SACRAMENT INFORMATION									
Baptism			Date _____			Church _____			
First Reconciliation			Date _____			City _____			
First Communion			Date _____			State _____			
Confirmation			Date _____			City _____			

*Student Lives With:

- Both Parents
- Mother
- Father
- Guardian
- Other: _____

Please use the bottom or back of this form to provide any other important information that may be helpful to teachers.