HOLY TRINITY INTERPAROCHIAL SCHOOL
APPLICATION FORM 2 ½ Year Olds, Pre-K 3, Pre K-4 Programs
(Mountainside Campus)

Application Fee $125.00 (non-refundable) **_2008-2009**
Copies of Birth and Baptismal Certificates Required **School Year**

Pupil_____
Last Name First Name Middle

Home Address_____
Street Town Zip Code Telephone Number

Date of Birth_____**Place of Birth**_____**Sex**_____**S.S. #**_____

Main Family Email_____ **Race (Optional)** _____

Parish _____ **Name Registered Under**_____

Father's
Name_____**Religion**_____**Occupation**_____

Work #_____**Cell #**_____

Father's Address (if different from child's)_____

Living_____Deceased_____Separated_____Divorced_____

Mother's Name_____**Maiden Name**_____**Religion**_____

Mother's Occupation_____**Work #**_____**Cell #**_____

Mother's address (if different from child's) _____

Living_____Deceased_____Separated_____Divorced_____

Child lives with: Both parents____Father_____Mother_____Father & Stepmother_____Mother & Stepfather_____Other_____

Baptism Date_____**Church**_____**City & State**_____

CLASS SCHEDULES (Based on Registration)

2 ½ Year Olds	Pre-K 3	Pre-K 4
Children must be 2 ½ by Oct 1st	Children must be 3 by Oct 1st	Children must be 4 by Oct 1st
T,TH 9:00 –11:30	M-W-F 9:00 - 11:30	M—F 9:00 – 11:30
	T,TH 9:00 –11:30	M-TH 12:00 – 2:30
	M,W,F 12:00 – 2:30	MWF 9:00 – 11:30 and TTH 9:00 – 2:30

Please Indicate the Class and Schedule Preferred

Non-refundable one month tuition payment will be due on May 15, 2008

2 ½ Year Olds	Pre-K 3	Pre-K 4
1st Choice: _____	1st Choice: _____	1st Choice: _____
	2nd Choice: _____	2nd Choice: _____

THIS IS NOT A REGISTRATION FORM, BUT AN APPLICATION PROCESS. YOU WILL BE NOTIFIED WHEN ACCEPTANCES ARE FINALIZED.

----------for office use only----------

Date Received_____ **Class Assignment**_____

Revised 1/08/08