



Holy Trinity Interparochial School Westfield & Mountainside, NJ

APPLICATION FORM

Kindergarten—Grade 8

Westfield Campus

Application Fee \$125.00 (Non-refundable)

GRADE _____

2010 – 2011

Pupil

Last Name _____

First Name _____

Middle _____

Address _____

Telephone _____

Street _____

Town _____

Zip Code _____

Parish _____

Name Registered Under _____

(In Parish)

Date of Birth _____

Place of Birth _____

Sex _____

S.S.# _____

Race(optional) _____

Father's Name

Father's

Occupation _____

Religion _____

Work# _____

Cell Number _____

Email _____

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

Living _____

Deceased _____

Separated _____

Divorced _____

Mother's Name

First Name _____

Last Name _____

(Maiden Name) _____

Mother's

Occupation _____

Religion _____

Work # _____

Cell Number _____

Email _____

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 _____

Penance

Date _____

Church _____

City & State _____

First Holy Communion

Date _____

Church _____

City & State _____

Date of

Entry _____

Grade _____

From _____

Name of School _____

Address _____

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