

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)
 Copies of Birth and Baptismal Certificates Required

2007-2008
 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
 Children must be 2 ½ by Oct 1st
 T,TH 9:00 –11:30

Pre-K 3
 Children must be 3 by Oct 1st
 M-W-F 9:00 - 11:30
 T,TH 9:00 –11:30
 M,W,F 12:00 – 2:30

Pre-K 4
 Children must be 4 by Oct 1st
 M—F 9:00 – 11:30
 M-TH 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, 2007

2 ½ Year Olds	Pre-K 3	Pre-K 4
1 st Choice: _____	1 st Choice: _____	1 st Choice: _____
	2 nd Choice: _____	2 nd 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 1/23/07