



# Holy Trinity Interparochial School Westfield & Mountainside, NJ

## APPLICATION FORM

Kindergarten—Grade 8

Westfield Campus

Application Fee \$150.00 (Non-refundable)

GRADE \_\_\_\_\_

2012 – 2013

*Pupil* \_\_\_\_\_

Last Name

First Name

Middle

Address \_\_\_\_\_

Street

Town

ZipCode

Telephone \_\_\_\_\_

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.**