



HOLY TRINITY SCHOOL - REGISTRATION 2011-2012

1304 Alpine Church Rd. NW, Comstock Park, MI 49321 PH: (616) 784-0696 ~ FAX: (616)-988-9415

Please print all information

Family Name: _____ Phone No: _____

Street: _____ City _____ Zip _____

Ethnic Background: Asian Black/African American Caucasian Native Hawaiian/Other Pacific Islander
(circle one) American Indian/Alaskan Native Hispanic Multiracial

FATHER: First Name: _____ Middle Name: _____ Last Name: _____

Address (if different than child's address): _____

Occupation: _____ Place of Employment: _____

Work Phone: _____ Cell Phone: _____ E-mail address: _____

Have you ever been convicted of a sex crime? _____ Are you on sex offender registry? _____

Are you a Catholic? Yes ___ No ___ If No, would you like information on becoming Catholic? Yes ___ No ___

Registered Member of Holy Trinity Parish: Yes ___ No ___ Would you like to register? Yes ___ No ___

If No, Church Affiliation: _____

MOTHER: First Name: _____ Middle Name: _____ Maiden Name: _____

Occupation: _____ Place of Employment: _____

Work Phone: _____ Cell Phone: _____ E-mail address: _____

Have you ever been convicted of a sex crime? _____ Are you on sex offender registry? _____

Are you a Catholic? Yes ___ No ___ If No, would you like information on becoming Catholic? Yes ___ No ___

Registered Member of Holy Trinity Parish: Yes ___ No ___ Would you like to register? Yes ___ No ___

If No, Church Affiliation: _____

With whom does child(ren) reside? _____

Student Data

1st Student's Name: _____ Gender: M F (circle)
Last First Middle

Date of Birth: _____ Grade Entering: _____ IEP in place? Yes No

City/State (Birth) _____

Please circle the Sacraments that this student **has received**: Baptism Reconciliation First Communion Confirmation

Are there Sacraments that you would like this student to receive? Please list: _____

Any specific medical needs for this student (ie: eyeglasses, allergies, medications, etc?) Please list: _____

Is there additional information concerning this student regarding any specific learning challenges? (ie: previous testing, learning difficulties, emotional concerns, gifted student, etc?) If yes, please indicate: _____

2nd Student's Name: _____ Gender: M F (circle)
Last First Middle

Date of Birth: _____ Grade Entering: _____ IEP in place? Yes No

City/State (Birth) _____

Please circle the Sacraments that this student **has received**: Baptism Reconciliation First Communion Confirmation

Are there Sacraments that you would like this student to receive? Please list: _____

Any specific medical needs for this student (ie: eyeglasses, allergies, medications, etc?) Please list: _____

Is there additional information concerning this student regarding any specific learning challenges? (ie: previous testing, learning difficulties, emotional concerns, gifted student, etc?) If yes, please indicate: _____

3rd Student's Name: _____ Gender: M F (circle)
Last First Middle

Date of Birth: _____ Grade Entering: _____ IEP in place? Yes No

City/State (Birth) _____

Please circle the Sacraments that this student **has received**: Baptism Reconciliation First Communion Confirmation
Are there Sacraments that you would like this student to receive? Please list: _____

Any specific medical needs for this student (ie: eyeglasses, allergies, medications, etc?) Please list: _____
Is there additional information concerning this student regarding any specific learning challenges? (ie: previous testing, learning difficulties, emotional concerns, gifted student, etc?) If yes, please indicate: _____

4th Student's Name: _____ Gender: M F (circle)
Last First Middle

Date of Birth: _____ Grade Entering: _____ IEP in place? Yes No

City/State (Birth) _____

Please circle the Sacraments that this student **has received**: Baptism Reconciliation First Communion Confirmation
Are there Sacraments that you would like this student to receive? Please list: _____

Any specific medical needs for this student (ie: eyeglasses, allergies, medications, etc?) Please list: _____
Is there additional information concerning this student regarding any specific learning challenges? (ie: previous testing, learning difficulties, emotional concerns, gifted student, etc?) If yes, please indicate: _____

EMERGENCY DATA

In case of an illness, accident or serious emergency, the school will first attempt to contact a parent. If a parent cannot be reached, we will contact the following person(s):

Name: _____ Phone: _____

Address: _____ Relationship to students: _____

Name: _____ Phone: _____

Address: _____ Relationship to students: _____

Name: _____ Phone: _____

Address: _____ Relationship to students: _____

Family Doctor: _____ Phone: _____

Hospital preferred for treatment: _____ Ambulance: _____

How will student/s be transported to school? (circle):

AM:	Car	Catholic Schools Bus	Kenowa Hills Bus
PM:	Car	Catholic Schools Bus	Kenowa Hills Bus

To the best of my ability, I have supplied this information accurately and truthfully.

Parent/Guardian Signature: _____ Date: _____