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## Please fill out registration form completely.

# REMINDER To ease with the facilitation of creating cumulative folders, the following must be on file:

- \$25 Application Fee
- Birth Certificate
- Baptismal Certificate
- Immunization Records
- First Eucharist Certificate (if applicable)
- Most recent report card (Grades 1-8)
- Most recent standardized test scores (Grades 1-8)

## APPLICATION FORM

(Print or type all information)

### Applying for Grade: \_\_\_\_\_

## STUDENT INFORMATION

Name:			A4: d dl a					
Last		First	Middle					
Circle One:	Female	Male						
Place of Birth:	City	State	Zip					
Date of Birth:	•		·					
Date of birth.	Month	Day	Year					
Student U.S. Citizen _	Yes	No						
Address:								
Phone Numbers:								
Home	Cell (F	ather)	Cell (Mother)					
Student lives with: (p	olease circle)							
both parents	mother only	father only	other					
parents divorced	rents divorced mother deceased			d				
Religion: Ethnic Origin:								
Religion:		Ethnic Origin:						
Please check:Family registere	d in Holy Trinity F	Parish tholic parish						
Please check:Family registereCatholic, but no	d in Holy Trinity F d in another Ca ot registered in p	Parish tholic parish Parish	Name	City				
Please check:Family registereCatholic, but no	d in Holy Trinity F d in another Ca ot registered in p	Parish tholic parish Parish parish	Name					
Please check:Family registereCatholic, but no	d in Holy Trinity F d in another Ca ot registered in p	Parish tholic parish Parish parish	Name					
Please check:Family registereCatholic, but no	d in Holy Trinity F d in another Ca ot registered in p Religion:	Parish tholic parish Parish parish Church	Name City					
Please check:Family registereCatholic, but noNot Catholic / F  Baptism:  First Reconciliation:	d in Holy Trinity F d in another Ca ot registered in p Religion:	Parish tholic parish Parish parish	Name					
Please check:Family registereCatholic, but noNot Catholic / F Baptism:	d in Holy Trinity F d in another Ca ot registered in p Religion:	Parish tholic parish Parish parish Church	Name City					
Please check:Family registereCatholic, but noNot Catholic / F  Baptism:  First Reconciliation:	d in Holy Trinity F d in another Ca ot registered in p Religion:	Parish tholic parish Parish Church Church	Name  City  City					
Please check:Family registereCatholic, but noNot Catholic / F  Baptism:  First Reconciliation:  First Eucharist:	d in Holy Trinity F d in another Ca ot registered in p Religion:  Date  Date  Date  to Holy Trinity Sc  Dilled:	Parish tholic parish  Parish  Church  Church  Church  Church	City City City					
Please check:Family registereCatholic, but noNot Catholic / F Baptism:  First Reconciliation:  First Eucharist:  Reason for applying	d in Holy Trinity F d in another Ca ot registered in p Religion:  Date  Date  Date  to Holy Trinity Sc	Parish tholic parish Parish Church Church	Name  City  City					



Father's Name:						
	Last	First		Middle		
Address if differ	ent from student:			City	State	Zip
Email Address:_						
Occupation:			Business #:			
Business Addres	ss:					
U. S. Citizen:	YesNo					
Religion:			_			
Mother's Name	:					
	Last ( <u>Maiden</u> , please)	First		Middle		
Address if differ	ent from student:			City	State	Zip
Email Address:_						
Occupation:			Business #:			
Business Addres	ss:					
U. S. Citizen:	YesNo					
Religion:			_			
Name of Guard	lian: (if other than above)					
Last Name		First		Middle		
Address if differ	ent from student:			City	State	Zip
Email Address:_						
Occupation:			_			
Business Addres	ss:					
U. S. Citizen:	YesNo					
Religion:			_			
Signature				 Date		