



509 Ballard Street  
El Cajon, CA 92019-2125  
Tel (619) 444-7529  
Fax (619) 444-3721  
EMAIL  
alococo@holytrinityhawks.com  
WEBSITE  
holytrinityschoolcajon.com

Please fill out registration  
form completely.

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

- \$30 Application Fee  
(non-refundable)
- 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)

Office Use Only

Date App. Received: \_\_\_\_\_

Fee Paid: YES NO

Cash/Check # \_\_\_\_\_

## APPLICATION FORM

(Print or type all information)

2025-2026

### STUDENT INFORMATION

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

Name: \_\_\_\_\_  
Last First Middle

Circle One: Female Male

Place of Birth: \_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_\_\_  
Month Day Year

Student U.S. Citizen \_\_\_\_ Yes \_\_\_\_ No

Address: \_\_\_\_\_

Phone Numbers:

Landline: \_\_\_\_\_ Cell (Father) \_\_\_\_\_ Cell Mother) \_\_\_\_\_

Student lives with: (please circle)

both parents mother only father only other \_\_\_\_\_  
parents divorced mother deceased father deceased

Religion: \_\_\_\_\_ Ethnic Origin: \_\_\_\_\_

Please check:

\_\_\_\_ Family registered in Holy Trinity Parish  
\_\_\_\_ Family registered in another Catholic parish \_\_\_\_\_  
Parish Name City  
\_\_\_\_ Catholic, but not registered in parish  
\_\_\_\_ Not Catholic / Religion: \_\_\_\_\_

Baptism: \_\_\_\_\_  
Date Church City

First Reconciliation: \_\_\_\_\_  
Date Church City

First Eucharist: \_\_\_\_\_  
Date Church City

Reason for applying to Holy Trinity School:

\_\_\_\_\_  
\_\_\_\_\_

School currently enrolled: \_\_\_\_\_  
School City Grade

School previously enrolled: \_\_\_\_\_  
School City Grade

OVER



Father's Name: \_\_\_\_\_  
Last First Middle

Address if different from student: \_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business #: \_\_\_\_\_

Business Address: \_\_\_\_\_

U. S. Citizen: \_\_\_\_ Yes \_\_\_\_ No

Religion: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Last (Maiden, please) First Middle

Address if different from student: \_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business #: \_\_\_\_\_

Business Address: \_\_\_\_\_

U. S. Citizen: \_\_\_\_ Yes \_\_\_\_ No

Religion: \_\_\_\_\_

Name of Guardian: (if other than above)

\_\_\_\_\_  
Last Name First Middle

Address if different from student: \_\_\_\_\_  
City State Zip

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

U. S. Citizen: \_\_\_\_ Yes \_\_\_\_ No

Religion: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date