

**MOST HOLY TRINITY PARISH SCHOOL OF RELIGION
HIGH SCHOOL REGISTRATION**

(Grades 8-10)

PLEASE PRINT CLEARLY

STUDENT INFORMATION:

NAME _____
LAST FIRST MIDDLE

HOME ADDRESS _____
STREET CITY ZIP

DATE OF BIRTH / / **PLACE OF BIRTH** _____

SCHOOL ATTENDING/GRADE (entering fall) _____

CHURCH WHERE FIRST COMMUNION RECEIVED _____

SCHOOLS/PARISHES OF PREVIOUS RELIGIOUS INSTRUCTION (include grades attending)

List any medical concerns (allergies, etc.) or special needs

FAMILY INFORMATION

FATHER _____ **RELIGION** _____
LAST FIRST MIDDLE

MOTHER _____ **RELIGION** _____
LAST FIRST MIDDLE

Parent email(s): _____

Father's phone #s: _____ (Circle one: Home Cell Work Other)

_____ (Circle one: Home Cell Work Other)

Mother's Phone #s: _____ (Circle one: Home Cell Work Other)

_____ (Circle one: Home Cell Work Other)

Emergency Contact: Name/Phone

_____ (Circle one: Home Cell Work Other)

Are you currently registered at Most Holy Trinity? Yes _____ No _____

Date Received: _____ *Fee Paid: (\$60/student; \$50/student if multiple registrations in family):* _____