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**HOLY TRINITY ACADEMY**  
**STUDENT ADMISSION APPLICATION**

**Proposed Grade Placement**

**Student’s Last Name First Name Middle Name**

**Social Security Number Age on Sept. 1 Male Female**

**Mailing Address City State Zip**

**Home/Cell Phone # Father’s Business Phone Mother’s Business Phone**

**Email Address**

**# of Brother’s: Younger** **Older** **# of Sister’s: Younger** **Older**   
  
**Student’s Special Abilities**:   
  
**Student’s Special Needs**:   
  
**Student’s Religion**: **Church Affiliation**:   
  
**School Last Attended**: **Address:**  **Grade**:   
  
**Parent’s/Guardian’s Name(s)**   
 **Father**

**Parent’s/Guardian’s Name(s)**   
 **Mother**

**Home Address:**   
 **Father Mother**

**Occupation**:   
 **Father Mother**

**Church Affiliation**:   
 **Father Mother**

**Please give reason for applying to this school**:

**Name of person referring you to this school**:

**Signature of Father/Guardian Date Signature of Mother/Guardian Date**

**Registration Fee of $225.00 is Non-Refundable**