



Trinity Catholic School

"To teach as Jesus did"

ENROLLMENT FORMS

TO BE COMPLETED AND RETURNED TO THE OFFICE

- _____ **Completed Registration Form**
- _____ **Copy of Baptismal Certificate**
- _____ **Copy of Birth Certificate**
- _____ **\$325.00 Deposit (non-refundable)**
(\$200.00 is applied towards tuition)
- _____ **Copy of Custody Papers (if applicable)**
- _____ **Record Release**

Trinity Catholic School must also complete a report which requires us to identify the public school that each student would be attending. The specific name of the public school your child would attend if he/she were not attending Trinity. Please be aware that students usually move to a 6th grade building or a middle school after fifth grade.

Student: _____ **Grade:** _____

Specific Public School Name: _____
(Examples- Hilliard Horizon, Stevenson)

Circle School District - Columbus/Southwestern/ Hilliard/Other: _____

**PLEASE RETURN FEES, APPLICATION AND PAPERWORK IN
THE ENVELOPE PROVIDED.**

DIOCESE OF COLUMBUS

PERMANENT RECORD FOR:

LAST NAME

FIRST NAME

MIDDLE NAME

Social Security No. _____

Grade: _____

Date: _____

Parish _____

CATHOLIC <input type="checkbox"/> NON CATHOLIC <input type="checkbox"/>	SEX	BIRTH DATE			BIRTHPLACE	
	M <input type="checkbox"/> F <input type="checkbox"/>	MO.	DAY	YEAR	CITY	STATE
RESIDENCE						
STREET ADDRESS		CITY		STATE	ZIP CODE	TELEPHONE

FATHER/GUARDIAN

MOTHER

Cell phone: _____

Cell phone: _____

Email: _____

Email: _____

RACE: White, not Hispanic Black, not Hispanic Hispanic
 Asian Pacific Islander American Indian/Alaskan Native *(You are not required to answer this question.)*

FAMILY				
FATHER OR GUARDIAN	BIRTHPLACE	RELIGION	EDUCATION	TYPE OF OCCUPATION
	PLACE OF OCCUPATION	BUSINESS ADDRESS		BUSINESS PHONE
MOTHER	BIRTHPLACE	RELIGION	EDUCATION	TYPE OF OCCUPATION
	PLACE OF OCCUPATION	BUSINESS ADDRESS		BUSINESS PHONE

HOME STATUS	STUDENT LIVES WITH:		NO. OF CHILDREN IN FAMILY: _____				
	Check if any apply: <input type="checkbox"/> Single <input type="checkbox"/> Parents Separated <input type="checkbox"/> Father Deceased <input type="checkbox"/> Parents Divorced <input type="checkbox"/> Mother Deceased	<input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother Other: _____	<input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother	BOYS		GIRLS	
				Older	Younger	Older	Younger

If separated or divorced, a copy of custody papers has been provided to school.

SACRAMENTS							
BAPTISM							
FIRST COMMUNION							
PENANCE							
CONFIRMATION							
	MO.	DAY	YEAR	CHURCH	CITY	STATE	



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RECORD RELEASE REQUEST FORM

STUDENT'S NAME: _____

RELEASED TO: **TRINITY CATHOLIC SCHOOL**

RELEASED BY: _____ **(prior school).**

SCHOOL ADDRESS: _____

**I GIVE MY PERMISSION FOR ALL RECORDS TO BE RELEASED TO
TRINITY CATHOLIC SCHOOL. **PLEASE INCLUDE MEDICAL
RECORDS****

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____