

# Most Holy Trinity Catholic School New Family Registration Form

Family Name \_\_\_\_\_

Home Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Ethnic Group: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

Race (check all that apply): Black/African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ American Indian/Native Alaskan \_\_\_\_\_  
Native Hawaiian/Other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_

What is the primary language used in the home regardless of the language spoken by the student? \_\_\_\_\_

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**Father's Name** \_\_\_\_\_ Religion: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address of Employment \_\_\_\_\_

Phone \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Remarried \_\_\_\_\_

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**Mother's Name** \_\_\_\_\_ Religion: \_\_\_\_\_  
Last \_\_\_\_\_ (Maiden) \_\_\_\_\_ First \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address of Employment \_\_\_\_\_

Phone \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Remarried \_\_\_\_\_

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Step-Parent \_\_\_\_\_ Employer \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

Step-Parent \_\_\_\_\_ Employer \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_

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Student lives with \_\_\_\_\_

**Are there any custody arrangements we should be aware of?** \_\_\_\_\_

In which public school district do you reside? \_\_\_\_\_ Which public school would your child attend? \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Please do not publish our family's address and phone number in the School Directory? \_\_\_\_\_

*Signature*

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Are you a registered contributing member of a Parish in the Diocese of Phoenix? Yes \_\_\_ No \_\_\_ If no, I will pay the non-Active Catholic tuition rate.

If yes, in which parish are you registered? \_\_\_\_\_

*I understand that receiving the Catholic tuition rate is based on our being active and participating members of above mentioned Parish.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Student Name** \_\_\_\_\_  
Last First Middle

Grade last attended \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
City State

Baptism \_\_\_\_\_  
Date Church City State

Reconciliation \_\_\_\_\_  
Date Church City State

First Communion \_\_\_\_\_  
Date Church City State

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

School last attended \_\_\_\_\_

Address City State Zip

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**Student Name** \_\_\_\_\_  
Last First Middle

Grade last attended \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
City State

Baptism \_\_\_\_\_  
Date Church City State

Reconciliation \_\_\_\_\_  
Date Church City State

First Communion \_\_\_\_\_  
Date Church City State

What is the language most often spoken by the student? \_\_\_\_\_

What is the language that the student first acquired? \_\_\_\_\_

School last attended \_\_\_\_\_ Phone: \_\_\_\_\_

Address City State Zip

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*PRESCHOOL INFORMATION*

\_\_\_\_\_ Five Full Days      \_\_\_\_\_ Three Full Days (M,W,F)      \_\_\_\_\_ Five Half Days\*

\*Half Day Program dismisses no later than 12:00 p.m.

**\*\*\*Please submit a copy of immunizations, birth & baptismal certificates and registration fee with completed form\*\*\***