



Most Holy Trinity Catholic School Enrollment Campaign Referral Form

New Family Last Name Home Phone (include area code)

Mother / Guardian Name

Mother / Guardian Address City, State, Zip

Daytime Phone Evening Phone

Cell Phone

Father / Guardian Name

Father / Guardian Address City, State, Zip

Daytime Phone Evening Phone

Cell Phone

Student Last Name	Student First Name	2011/2012 Grade Level	Date of Birth	Previous School

Name (Referring Individual) Referring Family ID # (if applicable)

Daytime Phone Cell Phone

Evening Phone Address

For School Office Use Only

2011/2012
Registration Forms and fee received Yes / No Official Enrollment Date at MHT

Date Referring Family/Party Eligible for Incentive Award
(90 days after Official Enrollment Date of New Family)

Date incentive award issued to Referring Family

Authorized MHT Administration Signature



Please review the 2011 / 2012 Enrollment Campaign Rules and Restrictions attached. Referral reward does not apply if a discounted tuition rate was granted to the new family. Campaign is subject to change without notice by the Most Holy Trinity Catholic School Administration and/or the Most Holy Trinity Catholic School Board