



**2017-18 Application for New Students**

Family Name

**Please print neatly and return to the school ministry**  
 by fax at 530-350-3202, by email at [hts@holytrinityparish.org](mailto:hts@holytrinityparish.org), or  
 by mail to 3115 Tierra de Dios Drive, El Dorado Hills, CA, 95762

Child Last Name	
Child First Name	
Child Date of Birth	
Grade in Fall 2017	
Last School Attended	

Child Resides With	<input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father
Father/Guardian Last/First Name	
Father/Guardian Email Address	
Residence Address	
Residence City/State/Zip	
Residence Phone	
Father Cell Phone	
Mother/Guardian Last/First Name	
Mother/Guardian Email Address	
Residence Address <i>(if different)</i>	
Residence City/ Zip <i>(if different)</i>	
Residence Phone <i>(if different)</i>	
Mother Cell Phone	

**Please continue of the other side of this application.**

Has this child received the Sacrament of ...		<i>If yes, Church Name</i>	<i>If yes, City &amp; State of Church</i>
Baptism?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Reconciliation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
First Eucharist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Confirmation?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is this child enrolled in Faith Formation classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Has this child ever repeated a grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If yes, which grade?</i>
Has this child ever been suspended or placed on probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details</i>	
Has this child ever been in a special resource program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide details</i>	

Is your family Catholic?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your family currently registered at Holy Trinity Parish?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If no, do you intend to register?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
For which tuition rate do you plan to apply?	<input type="checkbox"/> Base Tuition <input type="checkbox"/> Worshiping Steward		
Do you plan on using Kindergarten Enrichment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Kindergarten Student <i>If "Yes" do you plan to use Kindergarten Enrichment:</i> <input type="checkbox"/> Daily <input type="checkbox"/> 2-3 times per week <input type="checkbox"/> 1 time per week <input type="checkbox"/> Only occasionally		
How did you hear about Holy Trinity School?	<input type="checkbox"/> Parishioner <input type="checkbox"/> Current School Ministry Family <input type="checkbox"/> Preschool <input type="checkbox"/> Postcard/Mailing <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		

Why are you interested in Holy Trinity School Ministry for your child(ren)?

Office Use Only	Assessment Fee Paid?	<input type="checkbox"/> Yes	Date Paid:
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