



# Holy Trinity Catholic School

## Student Information for Registration for Upcoming Year

Please return this completed form with any necessary corrections and the registration fee (Unless paid directly to FACTS or other school loan institution) to:

REGISTRAR, Holy Trinity Catholic School  
301 South Second St.  
Bay St. Louis, MS 39520-4325

### Student Information

In the upcoming school year, my child will be in Grade: \_\_\_\_\_

Student Name:  
Mailing Address:

Birthdate:                      Gender:  
Current Grade:  
Social Security Number:

Physical Address:

Primary Phone: \_\_\_\_\_

Student's Religion:  
Parish/Church:  
This is the number used to send SchoolMessenger messages.

### Primary Contacts (Parent/Guardian)

Mother:  
Mother's Home Phone:  
Mother's Day Phone:  
Employer:  
Mother's Email:

Custody:(Circle) Yes No  
Should mother get mailings? (Circle) Yes No  
Address (if not Mailing Address above)  
\_\_\_\_\_

Father:  
Father's Home Phone:  
Father's Day Phone:  
Employer:  
Father's Email:

Custody?(Circle) Yes No  
Should father get mailings? (Circle) Yes No  
Address (if not Mailing Address above)  
\_\_\_\_\_

Guardianship:  
Guardian's Name:  
Relationship:  
Guardian's Phone:  
Guardian's E-mail:

Custody?(Circle) Yes No  
Should this person get mailings? (Circle) Yes No  
Address (if not Mailing Address above)  
\_\_\_\_\_

### GUARDIAN ALERT:

### Emergency Information

Emergency Contact in case guardian cannot be reached:  
Contact 1:                      Relationship:  
Type:                      Phone:  
Contact 2:                      Relationship:  
Type:                      Phone:  
Contact 3:                      Relationship:  
Type:                      Phone:

### Student's Medical Information

Physician's Name:  
Physician's Phone:  
I/We give my/our permission to seek emergency medical treatment for our child/ward. (Initial Y or N): Y [ ] N [ ]  
Medical History:

### Person(s) responsible for tuition:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City,State,Zip: \_\_\_\_\_

### MEDICAL ALERT:

Expires on: \_\_\_\_\_

I/We hereby apply to register my/our child/ward as student at Holy Trinity Catholic School for the coming year.

#### PLEASE INITIAL EACH STATEMENT.

I/We give him/her permission to participate in social and other activities at Holy Trinity Catholic School. Y [ ] N [ ]  
I/We allow our child/ward to be photographed for the newspaper, television, school advertising or school website. Y [ ] N [ ]  
I/We give him/her permission to use the internet on computers located at Holy Trinity Catholic School. Y [ ] N [ ]  
I/we agree to have parent contact information published in a school directory Y [ ] N [ ].  
My/our child/ward and I/we agree to familiarize ourselves with, observe and be governed by all the terms, provisions and conditions of the current Holy Trinity Catholic School Student-Parent Handbook [ ].  
I/we understand the registration fee is NON-REFUNDABLE [ ].  
I/we agree to the timely payment of all fees and expenses incurred by or for my/our child/ward [ ].  
If my/our child/ward withdraws or is dismissed for any reason, I/we agree to pay all outstanding charges and I/we agree to abide by any early withdrawal penalties as described in the current Holy Trinity Catholic School Student-Parent Handbook [ ].

Signature of Father/Male Guardian

Date

Signature of Mother/Female Guardian

Date