



HOLY TRINITY SCHOOL



PreK 3 to Grade 8

336 First Street, Westfield, NJ 0709
Ph. 908-233-0484 | Fax 908-233-6204

2019-2020 APPLICATION FORM: Two Year Olds, PreK-3, PreK-4 Programs

Pupil _____

Last name

First Name

Middle Initial

Home Address _____

Street

Town

Zip Code

Telephone Number

Date of Birth _____ **Place of Birth** _____ **Gender** _____ **Race** _____

Parish _____ **Name Registered Under** _____

Baptism Date _____ **Church** _____ **City & State** _____

Father's Name _____ **Religion** _____ **Occupation** _____

Work # _____ **Cell #** _____ **Text Y/N** _____ **Email** _____

Father's Address (If different from child's) _____

Living _____ **Deceased** _____ **Separated** _____ **Divorced** _____

Mother's Name _____ **Maiden Name** _____

Religion _____ **Occupation** _____ **Cell #** _____ **Text Y/N** _____

Work # _____ **Email** _____

Mother's Address (If different from child's) _____

Living _____ **Deceased** _____ **Separated** _____ **Divorced** _____

Child lives with: Both parents _____ **Father** _____ **Mother** _____ **Father & Stepmother** _____

Mother & Stepfather _____ **Other** _____

Is your child fully immunized? Yes _____ No _____

CLASS SCHEDULE 2019-2020 ~ Choose one ~ Days/ Times on reverse side

Two Year Olds

___ PreK 2

PreK 3

___ PreK3-3 am

___ PreK3-5 am

___ PreK3-5am+ 2pm

PreK 4 Full Day

Please include copy of birth certificate, baptismal certificate, immunization record, and current physical with your application. Please register with FACTS to pay the \$ 150 application fee and select a tuition payment plan. The FACTS link is <https://online.factsmgt.com/signin/3JYJV>



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