



**2020-21 Application for New Students**

Family Name

**Please print neatly and return to the school ministry**  
 by fax at 530-677-3570, 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	<input type="checkbox"/> Female <input type="checkbox"/> Male
Child Date of Birth	
Grade in Fall 2020	
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"/> Referred by _____ <input type="checkbox"/> Other _____		

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