

Please	Print	Neatly

Date:\_\_\_\_\_

Applicant Name (student)	Date of Birth	Gender
U. S. Citizen	Applicant is a sibling of	f a current student?
Grade applicant will be attending in 2024 - 202	5 school year:	
Name of school the applicant is currently atter	nding:	
Has the applicant ever repeated a grade? If yes, which grade?	ny school? school? demeanor, ice system? one specialized testing and/or treatmen Please choose from the list . <u>pplication:</u> for 1 <sup>st</sup> – 8 <sup>th</sup> grade) s (if applicable)	nt for any of the following:
Last Name F	irst Name	Home/Cell Phone
Street Address		Email Address
City	State	Zip Code
	r? y Catholic Church? what parish did you previously attend Dates:	
If No: What church do you attend?		

How did you hear about Blessed Trinity Catholic School?