

| Please | Print | Neatly |
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|        |       |        |

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?<br>If yes, which grade? | ny school?<br>school?<br>demeanor,<br>ice system?<br>one specialized testing and/or treatmen<br>Please choose from the list .<br><u>pplication:</u><br>for 1 <sup>st</sup> – 8 <sup>th</sup> grade)<br>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?<br>y Catholic Church?<br>what parish did you previously attend<br>Dates:                                                                                                                                              |                              |
| If No: What church do you attend?                                |                                                                                                                                                                                                                          |                              |

How did you hear about Blessed Trinity Catholic School?