

faithful + beginnings

at Holy Trinity Catholic School

Enrollment Form 2018-2019 School Year

Last Name _____ First _____ MI _____ DOB _____

Address _____ City _____ Zip Code _____

Parents/Guardians _____

Parish _____

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Phone number for class list _____

E-mail (print clearly) _____

_____ Yes, please send preschool information to the above email address!

Class Session Request - Place a check next to the session you are interested in:

MONDAY, WEDNESDAY, FRIDAY MORNINGS	<input type="checkbox"/>
MONDAY, WEDNESDAY, FRIDAY MORNINGS + L.B.	<input type="checkbox"/>
MONDAY, WEDNESDAY, FRIDAY ALL DAY	<input type="checkbox"/>
MONDAY THROUGH FRIDAY ALL DAY	<input type="checkbox"/>

Please return this form with a non-refundable \$75 registration fee. Enrollment is only complete after registration fee has been received. Make checks payable to Holy Trinity Catholic School.

Attn: Kristy Wagner 745 6th Avenue South SSP, MN 55075 651-455-1437

HOW DID YOU LEARN ABOUT US? ____ Friend/Family Member ____ Parish Bulletin ____ Website ____ Mailing ____ Facebook ____ Other _____

OFFICE USE ONLY Date _____ Registration Fee _____ Check # _____
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EDUCATION ROOTED IN HOLINESS