



Holy Trinity Catholic Schools

Admissions Application for Kindergarten - 12th Grades

Date of application: _____

Student Information:

Last Name: _____ First Name: _____ Middle Name: _____
Current School: _____ District of Residence: _____ County: _____
Birthdate: _____ City: _____ State: _____
Gender: Male Female Current Grade Level: _____ Need Busing: Yes No

Parent/Guardian Contact #1:

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Home phone: _____ Work phone: _____
Cell phone: _____ Relationship to student: _____

Parent/Guardian Contact #2:

Last Name: _____ First Name: _____ Middle Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____ Home phone: _____ Work phone: _____
Cell phone: _____ Relationship to student: _____

Educational/Behavioral History:

Has the student ever been expelled from school? Yes No If yes, please explain:

Has the student ever repeated a course or grade? Yes No If yes, please explain:

Support Programs or Special Education Services:

Has the student ever participated in any educational support programs or special education services? Yes No

If yes, please specify: 504 Accommodation IEP Title 1 Math ESL/ELL Speech
 Title 1 Reading Other reading or math support

Ethnicity (please mark all that apply):

White Asian African American Pacific Islander Native American Latino/Hispanic

Home Language:

English Spanish Other If English is not the first language of the student, can he/she speak English?

Religious Affiliation:

Denomination: _____ Parish: _____ Pastor: _____

Other Information:

How did you hear about Holy Trinity? _____

Was there a member of the HTC community who influenced your decision to come to HTC? ____ Yes ____ No

If yes, who? _____

Does the student have any special medical, health, or dietary concerns about which we should know? ____ Yes ____ No

If yes, please list: _____

Please add anything else that you think is important to help us know your student better:

In addition to this completed application, the following information is required to process this application:

- \$100 registration fee per student - this is non-refundable but will be applied to your tuition
- A copy of the student's current immunization record
- A completed transfer of records form
- A copy of the student's most recent school report card and/or transcript (grades 1-12)
- A copy of the student's most recent standardized test scores (grades 4-12)
- A written personal statement explaining why he/she would like to attend HTC (grades 4-12)

Please submit this application and accompanying materials to:

Admissions
Holy Trinity Catholic Schools
2600 Avenue A
Ft. Madison, IA 52627

brenda.graham@holyltrinityschools.org
phone: 319-372-2486

