



# TRINITY CATHOLIC SCHOOL REGISTRATION CARD 2019-2020

Date of Registration \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student Entering Grade \_\_\_\_\_

Date Student will begin classes \_\_\_\_/\_\_\_\_/\_\_\_\_

Registration Fee, Received \$ \_\_\_\_\_  
Student # \_\_\_\_\_

## STUDENT INFORMATION

Student's Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Nickname/Name Student Goes By \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Birthdate Male / Female Gender \_\_\_\_\_ Place of Birth City / State / Country \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Home Phone # \_\_\_\_\_ Guardian email address \_\_\_\_\_

Home Address \_\_\_\_\_ Mailing Address (if different) \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please respond to both the race and the ethnicity (Hispanic or not) question, so that we may accurately complete required reports.**

Race (Check one) Is student Hispanic or Latino? Yes ( ) No ( )  
\_\_\_\_ American Indian / Native Alaskan \_\_\_\_ Asian \_\_\_\_ Black  
\_\_\_\_ Two or more races \_\_\_\_ Native Hawaiian / Pacific Islander \_\_\_\_ White

Does your student have an existing Individualized Education Plan (IEP) or 504 Plan? Yes ( ) No ( )

Primary language spoken at home:

\_\_\_\_ English Only \_\_\_\_ Chinese \_\_\_\_ Spanish or Spanish Creole \_\_\_\_ Korean \_\_\_\_ French \_\_\_\_ Tagalog \_\_\_\_ Vietnamese  
\_\_\_\_ Other language: \_\_\_\_\_ Prior School Attended: \_\_\_\_\_

Public School for your residence: \_\_\_\_\_ Incoming Kindergarten students only.  
Was your child a VPK student last year? Yes ( ) No ( )

Student's Religion: \_\_\_\_\_ Student's Parish or Church: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_ Parent Referral (if so, please let us know who, so that we can thank them: \_\_\_\_\_  
\_\_\_\_ Newspaper Advertisement \_\_\_\_ Billboard \_\_\_\_ Radio / Television Advertisement \_\_\_\_ Feeder School  
\_\_\_\_ Church Bulletin \_\_\_\_ Phone Book \_\_\_\_ Internet Search \_\_\_\_ Social Media

## FAMILY INFORMATION

Student primarily lives with: (check one)

\_\_\_\_ Mother and Father \_\_\_\_ Mother \_\_\_\_ Mother / Stepfather \_\_\_\_ Grandparent / Guardian  
\_\_\_\_ Father \_\_\_\_ Father / Stepmother \_\_\_\_ Other \_\_\_\_\_

If there are custody, visitation, or other legal agreements or orders concerning the student or access to the student's records, please present the paperwork at the time of registration so that a copy may be placed in the records.

Names and ages of siblings: \_\_\_\_\_

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship:		
Email:		
Name:		
Occupation:		
Employer:		
Home Phone:		
Cell Phone		
Work Address		
Work Phone:		
Marital Status:		
Religion:	Alumna: Yes ( ) No ( )	Alumnus: Yes ( ) No ( )

Do you have any special gifts or talents that you would like to share with our school? \_\_\_\_\_

## STUDENT SACRAMENTAL INFORMATION

If Catholic, please give the following information:

Baptism: Yes( ) No ( )

Eucharist: Yes( ) No ( )

Reconciliation: Yes( ) No ( )

Confirmation: Yes( ) No ( )

If your child has not received any of the sacraments (Baptism, Reconciliation, Eucharist by grade 3, Confirmation in high school), please contact your parish.

## EMERGENCY/HEALTH INFORMATION AND CONSENT

In case of an **emergency** when parent or guardian cannot be reached, contact:

Emergency Contact #1	Name	Relationship
<hr/>		
Home Phone #	Work Phone #	Cell Phone #
<hr/>		

Emergency Contact #2	Name	Relationship
<hr/>		
Home Phone #	Work Phone #	Cell Phone #
<hr/>		

The following persons (in addition to the emergency contacts above) are authorized to pick up my child from school:

Authorized Pickup #1	Authorized Pickup #2	Authorized Pickup #3
<hr/>		
Preferred Doctor	Phone #	Preferred Hospital
<hr/>		
Preferred Dentist	Phone #	
<hr/>		

I give my permission for my child to receive emergency medical treatment. Yes( ) No ( )

I give my permission to call 911: Yes( ) No ( )

List any medical considerations of which the school should be aware, as well as any medication which the student must take at any time. If the student must take medication during school hours as prescribed by a doctor you must turn in a form: Authorization for Administration of Medication #9400-HES-005. This form must be signed by the doctor. (Forms are available from the doctor.)

Please list all allergies: \_\_\_\_\_

## STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2019-2020. It is also my understanding that the policy of the school is to make no refunds on fees. If a child is withdrawn prior to July 1st, there will be a full refund of tuition minus fees. As of July 1st, there will be no refund of two (2) months of tuition. I understand the policy that my child's attendance at your school may be terminated if tuition is two (2) months in arrears, unless a payment plan has been approved by the Administration. Prior to the beginning of the school year, if two or more month's tuition is not paid the student's registration is automatically terminated and the student's position is relinquished to another student. If a student withdraws from school once classes have begun, tuition up to and including the quarter in which the student withdraws is non-refundable. At any time during the school year, if a family is delinquent in tuition payments by more than one month, the student may not attend school until payments are made current. This includes taking semester exams. All payments for the 2019-2020 school year must be completed for a student to take final exams. I understand I am responsible for all tuition and fees incurred by my child up to the date of withdrawal.

I hereby agree that my child and guardian(s) shall abide by the policies, rules and regulations of your school at all times. I give my permission for my child to take part in all school activities, including sports and school-sponsored trips away from the school premises, and I absolve the school from liability to me or my child because of loss of property or because of any injury to my child at school or during any school activity.

Parent Signature

Parent Signature

Date

## SCHOLARSHIP & FINANCIAL AID INFORMATION

In the state of Florida, we are blessed with several school choice scholarship opportunities for families of students in K-12 programs, as well as pre-kindergarten (VPK). Families may qualify for FTC Scholarship based on income and family size; McKay and Gardiner scholarships are based on qualifying special needs. All families seeking tuition assistance should speak with their school's principal about applying for one of the following scholarships in addition to seeking local financial aid:

Please visit <https://ptdiocese.org/scholarships> for more information.



## GRANDPARENT INFORMATION

Paternal Grandparents

Maternal Grandparents

Address

Address

City/State/Zip

City/State/Zip

Alumni?: Yes( ) No ( ) Year: \_\_\_\_\_

Alumni?: Yes( ) No ( ) Year: \_\_\_\_\_

## FINANCE INFORMATION

Name & address of person responsible for tuition & other financial obligations (if different from parent or guardians listed above)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## VERIFICATION INFORMATION (FOR OFFICE USE ONLY)

Pastor Verification: Yes( ) No ( ) Date: \_\_\_\_\_

Immunization Record (up to date?): Yes( ) No ( ) Date: \_\_\_\_\_

Baptism Certificate (If Catholic - Elementary School Only): Yes( ) No ( ) Date: \_\_\_\_\_

Physical Examination by FL Physician/Clinic (For all Elementary Students & High School Athletes: Yes( ) No ( ) Date: \_\_\_\_\_

Birth Certificate (must be original birth certificate w/ seal or certified copy): Yes( ) No ( ) Date: \_\_\_\_\_