

TRINITY CATHOLIC SCHOOL REGISTRATION CARD 2020-2021

Date of Registration ___/___/___

Registration Fee, Received \$ _____

Student Entering Grade _____

Date Student will begin classes ___/___/___

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 # _____ Permitted in Directory? Yes No Guardian email address _____ Permitted in Directory? Yes No

Student Phone # _____ Permitted in Directory? Yes No Student email address _____ Permitted in Directory? Yes No

Home Address _____ Permitted in Directory? Yes No Mailing Address (if different) _____ Permitted in Directory? Yes No

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.

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

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: _____ Public School for your residence: _____

Student's Religion: _____ Prior School Attended: _____

Student's Parish (if Catholic) or place of worship (if not Catholic): _____
Incoming Kindergarten students only.
Was your child a VPK student last year? Yes No

FAMILY INFORMATION

Student primarily lives with: (check one) Mother and Father Mother Father Grandparent / Guardian

Mother / Stepfather 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: _____

Information below is for parents, adoptive parents or those with legal guardianship over a child.
Please include step-parent information on Authorized Contacts Form

Parent Information:	Legal Female Guardian	Legal Male Guardian
Relationship:		
Address (if different from above)		
Email:		
Name:		
Military:	No Active Duty Retired Veteran	No Active Duty Retired Veteran
Occupation:		
Employer:		
Home Phone:		
Cell Phone or Pager #:		
Work Address		
Work Phone:		
Marital Status:		
Religion:	Alumna: Yes No	Alumnus: Yes No

Permission to publish student photo in brochures, on web site, or in the newspaper or similar publications? Yes No

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

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

Preferred Doctor Phone # Preferred Hospital
Preferred Dentist Phone #

I give my permission for my child to receive emergency medical treatment, including calling 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.)

Medical Issues: _____

Daily Medication: _____

Allergies (food, medicine, environmental): _____

STATEMENT OF COOPERATION

In making application for my child, it is my desire to have him/her complete the school year 2020-2021. 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 2020-2021 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:

AUTHORIZED CONTACTS (EMERGENCY CONTACTS & AUTHORIZED PICKUPS)

Please use this form to list authorized contacts for your child/children. **EVERYONE LISTED ON THIS FORM WILL BE ELIGIBLE TO PICK UP YOUR STUDENT(S).** Please instruct emergency contacts and authorized pickups to bring identification (driver's license or other government issued identification) with them when picking up a child.

Please indicate whether the person should be an emergency contact. We will always attempt to contact parents first in case of an emergency.

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. Unless appropriate custody paperwork is received, both parents will have equal rights to access student records, and to provide emergency contacts and authorized pickups.

If you want to apply this list of contacts to all students in the family, please indicate by listing your childrens' names and grades below:

Student Name:	Student's Grade:
Student Name:	Student's Grade:
Student Name:	Student's Grade:
Student Name:	Student's Grade:
Student Name:	Student's Grade:
Student Name:	Student's Grade:

Name	Emergency Contact	Lives With
Phone: Mobile Home Daytime Work	Phone: Mobile Home Daytime Work	Phone: Mobile Home Daytime Work
Relationship:		
Stepmother	Aunt	Friend
Stepfather	Uncle	Sibling
		Coach
		Sitter
		Grandparent
		Other _____

Name	Emergency Contact	Lives With
Phone: Mobile Home Daytime Work	Phone: Mobile Home Daytime Work	Phone: Mobile Home Daytime Work
Relationship:		
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		Grandparent
		Other _____

PLEASE SEE OTHER SIDE FOR INSTRUCTIONS

Name _____					Emergency Contact _____					Lives With _____				
Phone: Mobile Home Daytime Work					Phone: Mobile Home Daytime Work					Phone: Mobile Home Daytime Work				
Relationship:														
Stepmother Aunt					Friend Coach					Grandparent				
Stepfather Uncle					Sibling Sitter					Other _____				

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Phone: Mobile Home Daytime Work					Phone: Mobile Home Daytime Work					Phone: Mobile Home Daytime Work				
Relationship:														
Stepmother Aunt					Friend Coach					Grandparent				
Stepfather Uncle					Sibling Sitter					Other _____				

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