



# Trinity Catholic Schools

## New Family Enrollment Form

Thank you for registering with Trinity Catholic Schools! **Please fill out this form entirely and return to:**  
Trinity Catholic Schools Business Office, 810 Empire Road, Dickinson, ND 58601  
Please contact Pam Wegleitner, (701) 483-6092 OR pam.wegleitner@k12.nd.us, with any questions.

<b>Father/Guardian Information:</b>	<b>Mother/Guardian Information:</b>
Father Last Name: _____	Mother Last Name: _____
Father First Name: _____	Mother First Name: _____
Address: _____	Address: _____
City, State Zip: _____	City, State Zip: _____
Father Home Phone: _____	Mother Home Phone: _____
Father Cell: _____	Mother Cell: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Parish/Religion*: _____	Parish/Religion*: _____
Trinity Graduate? NO YES Year: _____	Trinity Graduate? NO YES Year: _____

\*We welcome families of all faith denominations and religious professions. You do not need to be Catholic to attend Trinity.

**Student(s) live with:**  Both parents  Father  Mother  Other \_\_\_\_\_

**Who should receive correspondence from the school** (i.e. report cards, school mailings, newsletters):

**Choose One:**  Both parents  Father  Mother  Other \_\_\_\_\_

**Parental Concerns/Notes:** \_\_\_\_\_

**Emergency Contact:** *List someone, other than parents, who the student(s) may be release to, or who may make decisions regarding the student(s) should something happen to parents.*

Primary Contact /Relation \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_

Secondary Contact/Relation \_\_\_\_\_ / \_\_\_\_\_ Phone \_\_\_\_\_

Clinic & Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Clinic & Dentist Name \_\_\_\_\_ Phone \_\_\_\_\_

\*\*Note: We will make every effort to work with your child within the range of services Trinity can provide. New students who enroll at Trinity are required to begin with probationary period. If necessary, after a nine-week period from enrollment (or sooner if need be), a meeting including the principal/dean of students and parents will be held to discuss how the student is adjusting to the new school setting, whether or not the student is demonstrating academic success, and whether or not the student is exhibiting behavior consistent with Trinity standards. In the event that a student does not show adequate progress during this probationary period, the student may be required to withdraw from Trinity.

NEW Student Number 1 (Must list Full Legal Name)			
First Name:		Middle Name:	Last Name: Gender: Male Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East    Trinity West    Trinity North (5 & 6)    Trinity JH/HS	
Date & Place Baptized (write N/A if not applicable):		Date & Place Confirmed (write N/A if not applicable):	
Race (circle one): Caucasian    Native American    African American    Latino/Hispanic    Asian/Pacific Islander    Other			
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>			

NEW Student Number 2 (Must list Full Legal Name)			
First Name:		Middle Name:	Last Name: Gender: Male Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East    Trinity West    Trinity North (5 & 6)    Trinity JH/HS	
Date & Place Baptized (write N/A if not applicable):		Date & Place Confirmed (write N/A if not applicable):	
Race (circle one): Caucasian    Native American    African American    Latino/Hispanic    Asian/Pacific Islander    Other			
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>			

NEW Student Number 3 (Must list Full Legal Name)			
First Name:		Middle Name:	Last Name: Gender: Male Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East    Trinity West    Trinity North (5 & 6)    Trinity JH/HS	
Date & Place Baptized (write N/A if not applicable):		Date & Place Confirmed (write N/A if not applicable):	
Race (circle one): Caucasian    Native American    African American    Latino/Hispanic    Asian/Pacific Islander    Other			
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>			

NEW Student Number 4 (Must list Full Legal Name)			
First Name:		Middle Name:	Last Name: Gender: Male Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East    Trinity West    Trinity North (5 & 6)    Trinity JH/HS	
Date & Place Baptized (write N/A if not applicable):		Date & Place Confirmed (write N/A if not applicable):	
Race (circle one): Caucasian    Native American    African American    Latino/Hispanic    Asian/Pacific Islander    Other			
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>			

Referred by family: Family name\*: \_\_\_\_\_

\*The family you list may be eligible for our tuition referral credit (open to K-12 families only)

A Non-Refundable **\$100 Annual Registration Fee (per student)** is ***DUE*** with this Enrollment Form.

***My signature below indicates my financial obligation to Trinity Catholic Schools.***

\_\_\_\_\_  
Responsible Party - Parent/Legal Guardian Signature

\_\_\_\_\_  
Date