

**MOST HOLY TRINITY PARISH SCHOOL OF RELIGION  
HIGH SCHOOL REGISTRATION  
(Grades 8-11)  
PLEASE PRINT CLEARLY**

**STUDENT INFORMATION:**

**NAME** \_\_\_\_\_  
LAST
FIRST
MIDDLE

**HOME ADDRESS** \_\_\_\_\_  
STREET
CITY
ZIP

**DATE OF BIRTH**     /     /     **PLACE OF BIRTH** \_\_\_\_\_

**SCHOOL ATTENDING AND GRADE** \_\_\_\_\_

**CHURCH WHERE FIRST COMMUNION RECEIVED** \_\_\_\_\_

**SCHOOLS/PARISHES OF PREVIOUS RELIGIOUS INSTRUCTION (include grades attending)**

\_\_\_\_\_

**List any medical concerns (allergies, etc.) or special needs**

\_\_\_\_\_

**FAMILY INFORMATION**

**FATHER** \_\_\_\_\_ **RELIGION** \_\_\_\_\_  
LAST
FIRST
MIDDLE

**MOTHER** \_\_\_\_\_ **RELIGION** \_\_\_\_\_  
LAST
FIRST
MIDDLE

**Parent email(s):** \_\_\_\_\_

**Father's phone #s:** \_\_\_\_\_ (Circle one: Home Cell Work Other)

\_\_\_\_\_ (Circle one: Home Cell Work Other)

**Mother's Phone #s:** \_\_\_\_\_ (Circle one: Home Cell Work Other)

\_\_\_\_\_ (Circle one: Home Cell Work Other)

**Emergency Contact: Name/Phone**

\_\_\_\_\_ (Circle one: Home Cell Work Other)

**Are you currently registered at Most Holy Trinity?**   Yes \_\_\_\_\_   No \_\_\_\_\_

*Date Received:* \_\_\_\_\_   *Fee Paid: (\$60; \$50 for multiple registrations):* \_\_\_\_\_