

Statement of Confidentiality:

It is the policy of this school that all information received regarding an applicant's application will be treated with complete confidentiality. Only authorized school personnel have access to such information.

Non Discrimination Policy:

Most Holy Trinity Catholic School and Academy will admit students of any race, religion, color, or national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to our school. This school will not discriminate on the basis of race, religion, color, or national and ethnic origin in admission policies, scholarships, athletic, and other school administered programs.

Father / Guardian: _____ Date: _____

Mother / Guardian: _____ Date: _____

Please submit this completed application along with the non-refundable fee of \$50 per child (Make check/money order payable to "Most Holy Trinity Catholic School and Academy")

Upon receipt and review of completed application materials, all applicants will be informed of their acceptance status.

Contact Us

1435 Mallinckrodt Street
St. Louis, MO 63107
Phone: 314.231.9014
Fax: 314.621.3712
<http://www.mht-stl.org>



New Student APPLICATION

2019-2020 School Year

Student's Name _____

Grade Applying To: K 1st 2nd 3rd 4th
 5th 6th 7th 8th

For Office Use Only

Received: ____/____/____
 Received By: _____
 Application Fee Paid: _____
 Family Account #: _____
 Tuition Assistance: Yes No
 T&T AAS ACA Other
 Received:
 Transcripts
 Discipline Record
 Birth Certificate
 Social Security Card
 Baptismal Record, if Catholic
 Sibling Consideration
 Name of Sibling: _____

Please complete the entire form. Please print legibly.
If you have any questions regarding this form, please contact the Business Manager at (314) 231.9014.

STUDENT INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address:			
City / State / ZIP		Home Phone	
Birth date ____/____/____	Social Security Number ____ - ____ - ____		<input type="checkbox"/> Male <input type="checkbox"/> Female
Religion	Church Attending (if applicable)	Pastor	
Describe the family situation (please check all that apply): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased <input type="checkbox"/> Other: _____ <input type="checkbox"/> Father has custody* <input type="checkbox"/> Mother has custody* <input type="checkbox"/> Joint custody* <input type="checkbox"/> Guardian has custody* <i>*If applicable, please submit a copy of the court-mandated parenting plan with the application.</i>			
Student lives with (please check all that apply): <input type="checkbox"/> Both parents/guardians <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Grandparent(s) Other: _____			
The following information is optional (please check all that apply): <input type="checkbox"/> African <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian (White) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other: _____			
Primary Language Spoken at Home:		Person(s) responsible for tuition:	
Public School District in which the family resides:		Public school student would attend in district:	

SIBLING INFORMATION:			
Name	Birth Date	Grade	School Attending (Indicate if applying to this school)
FATHER'S INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
MOTHER'S INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
STEP-FATHER INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Home Phone	Cell Phone	Work Phone	Email Address
Employer & Position			
STEP-MOTHER INFORMATION:			
First Name	Middle Name	Last Name	Preferred First Name
Home Address		City / State / ZIP	
Employer & Position			
GRANDPARENT INFORMATION:			
Maternal Grandparents	Address	City / State / ZIP	Phone
Paternal Grandparents	Address	City / State / ZIP	Phone

MEDICAL INFORMATION (MUST BE COMPLETED FOR ALL STUDENTS IN A FAMILY):		
Student's Physician and Phone	Student's Dentist and Phone	
Hospital where student should be taken if parent or physician is unavailable		
Allergies and Other Medical Conditions (check all that apply)		
<input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Food Allergies: _____ <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> Heart Problems <input type="checkbox"/> Recurring Illness <input type="checkbox"/> Other Medical Concern: _____ <input type="checkbox"/> Medications to be taken at school: _____		
EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIANS, TWO ARE REQUIRED):		
<i>By listing a person as an Emergency Contact, they are also allowed to pick up the child from school.</i>		
Emergency Contact # 1 (required)	Relationship to Student	Phone(s)
Emergency Contact # 2 (required)	Relationship to Student	Phone(s)
Emergency Contact # 3 (optional)	Relationship to Student	Phone(s)
Emergency Contact # 4 (optional)	Relationship to Student	Phone(s)
ADDITIONAL INFORMATION:		
Please describe any special educational needs that your child may have (attach additional sheet if necessary)		
Does this student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," we will need a copy of the IEP for our records.		
Please briefly indicate why you are seeking to transfer your child to this school:		

- Continued on the reverse -