



Trinity Catholic Schools

K-12 Registration Form

2018-2019



Thank you for registering with Trinity Catholic Schools

Please fill out this form entirely and return to:
Trinity Business Office, 810 Empire Road, Dickinson, ND 58601
Contact Pam at (701)483-6092 with any questions

Father/Guardian Information:

Father Last Name: _____

Father First Name: _____

Address: _____

City, State Zip: _____

Father Home Phone: _____

Father Cell: _____

Email: _____

Employer: _____

Work Phone: _____

Parish/Religion*: _____

Trinity Graduate? NO YES Year: _____

Mother/Guardian Information:

Mother Last Name: _____

Mother First Name: _____

Address: _____

City, State Zip: _____

Mother Home Phone: _____

Mother Cell: _____

Email: _____

Employer: _____

Work Phone: _____

Parish/Religion*: _____

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 _____

Student Information:

First Name:	Last Name:	Grade:	School:
1.			
2.			
3.			
4.			
5.			

****Current families enrolling a new student(s) – please fill out information below on new student(s) only!****

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>			
<p>**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 a 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.</p>			

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>			
<p>**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 a 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.</p>			

A Non-refundable \$100.00 Annual Registration Fee (per student) is DUE with this Enrollment form.

Responsible Party - Parent/Legal Guardian Signature

Date