



TRINITY CATHOLIC SCHOOL

188 Main Street, Massena, NY 13662

REGISTRATION FOR NEW STUDENTS

CHILD'S NAME _____
Last First Middle

PARENT/GUARDIAN _____

MAILING ADDRESS _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

SCHOOL DISTRICT _____

PARISH _____

GRADE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

BAPTISM DATE _____ CHURCH _____ PLACE _____

FATHER'S NAME _____ RELIGION _____

FATHER'S OCCUPATION _____

MOTHER'S NAME _____ RELIGION _____

MOTHER'S OCCUPATION _____

Are you a single parent? () Yes () No

(If yes, please print the name and address of parent or parents whose name should appear on address label for school mailings.)

Do you wish to apply for financial aid? () Yes () No

Do you give permission for your child to be photographed for school publications, news articles, and yearbook? () Yes () No

