

HOLY TRINITY EPISCOPAL SCHOOL

2201 Spring Lake Road
Fruitland Park, FL 34731
352-787-8855

APPLICATION
(Please print)

Date: _____

Student Name: _____

Student Social Security Number _____ - _____ - _____

Parents/Guardians Name: _____

Home Email Address: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Hours: _____

Date of Birth: _____

Place of Birth: _____

Student's Language of Home: _____

Date/Place of Baptism and confirmation if applicable: _____

Current School: _____ Current Grade: _____

Phone Number of School: _____

Name of School Counselor: _____

Previous Schools:

Family Information:

Student lives with: (Name and Relationship)

Check all that apply:

Parents are:

____ Single ____ Mother Deceased ____ Mother Remarried

____ Married ____ Father Deceased ____ Father Remarried

Please describe custody arrangements. Include documentation if applicable.

Mother's Full Name: _____

Social Security Number: _____ - _____ - _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Title/Position: _____

Employer: _____ Work Phone: _____

Father's Full Name: _____

Social Security Number: _____ - _____ - _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Title/Position: _____

Employer: _____ Work Phone: _____

Please describe custody arrangements. Include documentation if applicable.

Other children living in the home:

Name: _____ Birth Date: _____
Grade: _____

Name: _____ Birth Date: _____
Grade: _____

Name: _____ Birth Date: _____
Grade: _____

Financial Information/Responsibility

Financial responsibility will be assumed by:

Name: _____

Relationship to Student: _____

Address: _____

Telephone: _____

I hereby authorize Holy Trinity Episcopal School to contact schools and other sources to obtain information to support this application, and I will not seek access to confidential recommendation and evaluation materials before or after this admission. The undersigned releases every person and institution from any and all liability resulting from or pertaining to the furnishing of records, documents, and other information provided to or from Holy Trinity Episcopal School for that purpose.

I hereby certify that all information contained in this application and any supporting documentation is complete and correct to the best of my knowledge. I understand that misrepresentations or omissions may result in denial of the application, or, if the student has been accepted and enrolled, dismissal from Holy Trinity Episcopal School.

Signature of Parent/Legal Guardian

Date

Special Challenges

Are there any medical, mental, physical, psychological, or other conditions which could possibly hinder the candidate's satisfactory performance in school, academically or otherwise? Any previous psychological or education testing done? If so, please share this information with us (attach separate sheet, if necessary).

Allergies/Medications (list all)

STUDENT CONTACT FORM

Student Name: _____ Current Grade: _____

Address: _____

Contact Information: List the primary contact number first and other numbers in order of preference:

Primary telephone: _____ Home Cell Work
 Mother Father Other _____

2nd telephone: _____ Home Cell Work
 Mother Father Other _____

3rd telephone: _____ Home Cell Work
 Mother Father Other _____

4th telephone: _____ Home Cell Work
 Mother Father Other _____

Email address: _____

Medications: Please list all medications currently prescribed to the student.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Parent/.Guardian Signature

Date