



HOLY TRINITY

CATHOLIC SCHOOL

EST 1914

One Century, One Family

Date: _____

Preliminary application for grade level and school year: _____

Child's Name (first, middle, last): _____

Home Address: _____ City: _____ Zip: _____

Date of Birth: _____ Age: _____ Sex: Male | Female

Primary language spoken in the home: _____

Father's Name: _____

Cell Phone: _____ Email: _____

Father's Occupation: _____ Employer: _____

Mother's Name: _____

Cell Phone: _____ Email: _____

Mother's Occupation: _____ Employer: _____

Applicant lives with: Mother and Father | Mother | Father | Other

If "Other", please list: _____

Please list any siblings/relatives currently enrolled at HTCS: _____

Religion of Student: _____ Father: _____ Mother: _____

If Catholic, Registered Parish: _____

Previous School Attended: _____

How did you hear about our program: _____

- * Please include a check or money order made payable to Holy Trinity Catholic School in the amount of \$100.00
- * A preliminary application and fee must be submitted for every student interested in being added to the waitlist
- * All students must complete an assessment/schedule a shadow day prior to completing the enrollment process
- * Submission of this application does not guarantee admission

Submit application and payment to Juanette Leigh in the Office of Admissions.

3815 Oak Lawn Ave. Dallas, TX 75219

PH: (214) 526-5113 F: (214) 526-4524

www.htcsdallas.org