



**Holy Trinity School  
Registration Packet  
2011 – 2012**



# Holy Trinity School

**Excellence in Catholic Education since 1952**

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20 Springside Avenue, Poughkeepsie, N.Y. 12603 845-471-0520 Fax: 845-471-0309

Web: [www.holy-trinity-school.com](http://www.holy-trinity-school.com) E-Mail: [d520@adnyeducation.org](mailto:d520@adnyeducation.org)

Parents Name: \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Grade \_\_\_\_\_

Parent Agreement:

I understand that registration of my child at Holy Trinity School is completed only upon receipt and acceptance of grades and academic and/or psychological testing results.

\_\_\_\_\_  
**Parent Signature**

I understand that the first ten week of attendance at Holy Trinity School is a probationary period. Any academic, behavioral and/or emotional problems experienced during this period may constitute grounds for transfer or dismissal from Holy Trinity School.

\_\_\_\_\_  
**Parent Signature**

# New York State Textbook Act Application Form

To Public School District  
Address

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**Please Print Clearly**  
**Student Information**  
**Name**

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Last	First	\ year next year
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**Address**

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Number	Street
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City	Zip Code	Phone
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**Non- Public School Attending**

Holy Trinity School  
20 Springside Avenue  
Poughkeepsie, NY 12603  
845-471-0520

**Student Application**

As a student in the above mentioned school district, I hereby apply for the loan of the textbooks for the coming year pursuant to New York State Textbook Loan Act.

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Date	Signature of Student
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**Parental Statement**

I understand that all books loaned to my child by the above named School District are to be maintained in good condition and that said child must pay for the loss of textbook or excessive damage of said books. If my child should transfer to another school, said books will be returned immediately.

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Date	Signature of Parent
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## **Release of Records**

I hereby verify the fact that I as parent or legal guardian of \_\_\_\_\_,  
have requested the release of the following information concerning my child and/or  
children:

Academic Records \_\_\_\_\_

Results of Standardized Tests \_\_\_\_\_

Health Records \_\_\_\_\_

Psychological Evaluation \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Record released to:**

**Holy Trinity School  
20 Springside Avenue  
Poughkeepsie, NY 12603**

**Student Application**

Page 1

Date of Application \_\_\_\_\_

Birth Certificate # \_\_\_\_\_

Grade Applying For \_\_\_\_\_

**Child's Information**

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Gender \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

Sacrament	Date	Church	Location
<b>Baptism (certificate required)</b>			
<b>Reconciliation</b>			
<b>First Holy Communion</b>			
<b>Confirmation</b>			

Child resides with \_\_\_\_\_ Relationship \_\_\_\_\_

**Mother's Information**

*Please circle*      Single    Married    Separated    Divorced    Deceased

Name \_\_\_\_\_  
Last First Maiden

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

**Father's Information**

*Please circle*      Single    Married    Separated    Divorced    Deceased

Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Apt# \_\_\_\_\_ Zip \_\_\_\_\_

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

Business Address \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

**Student Application**

Page 2

<p><b>Custody of Child</b> (if applicable)</p> <p>Custodial Parent _____  <small>Relationship</small></p> <p>Documentation _____</p> <p>Date provided _____</p>	<p><b>Guardianship of Child</b> (if applicable)</p> <p>Guardian _____  <small>Name</small></p> <p>Relationship _____</p> <p>Documentation _____</p> <p>Date provided _____</p>
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<b>Child's Education</b>			
Previous schools attended			
Name	Address	Grades Completed	Dates
<p>Child has been evaluated by the district <b>Committee on Special Education</b>.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Child has been evaluated by a private psychological or educational agency.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If answer to either or both statements above is <b>YES</b>, applicant must complete the following:</p>			
Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other _____			
<p>If child has been seen by the public district <b>Committee on Special Education</b>, applicant must complete the following:</p> <p>1. Was an IEP ever generated?                    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Copy Submitted _____  <small style="margin-left: 150px;">Date</small></p> <p>2. Child has a <b>Section 504 Accommodation Plan</b>.    <input type="checkbox"/> Yes    <input type="checkbox"/> No    Copy Submitted _____  <small style="margin-left: 150px;">Date</small></p>			
District Name and #	Date of most recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook including those provisions referencing inoculations. Final acceptance is also dependent on all fees being paid in full to previous school. Acceptance notices will be mailed.

Signature of Parent or Guardian _____	Date: _____
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