



**Sacraments Received (student)**

	Date	Parish	Address
Baptism	_____	_____	_____
First Communion	_____	_____	_____
Confirmation	_____	_____	_____

**Other Children in the Family**

Name	Age	School Attending	Current Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Student will be transported to school by: \_\_\_\_\_

**New Preschool Options:**

Please check one of the following:

	Half Day	Full Day	Check Here
Tues./Thurs. ( 3 & 4 year olds)	\$125.00/Month	\$175/Month	
Mon/Wed/Fri – ( 4 & 5 year olds)	\$175/Month	\$225/Month	

How did you hear about Holy Trinity School? \_\_\_\_\_

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*Holy Trinity School does not discriminate on the basis of race, creed or religion, color, national and ethnic origin in the administration of the its educational policies, admissions policies, or grant programs.*

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Mail completed application form, along with a \$40.00 non-refundable application fee to: Holy Trinity School, PO Box 38, Winsted, MN 55395-0038

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