



HOLY TRINITY INTERPAROCHIAL SCHOOL



Westfield Campus ~ Grades K-8
336 First Street, Westfield, NJ 07090
Ph. 908-233-0484 | Fax 908-233-6204

Mountainside Campus ~ Pre-K / Kindergarten
304 Central Avenue, Mountainside, NJ 07092
Ph. 908-233-1899 | Fax 908-654-6680

Application Form ~ Grade 1-8

Application Fee \$150.00 (Non-refundable)

GRADE (2015-16) _____

Pupil's Name First _____ Middle _____ Last _____

Address _____ Telephone _____

Street Town ZipCode

Parish _____ Name Registered Under _____
(In Parish)

Date of Birth _____ Place of Birth _____ Sex _____ S.S.# _____

Race (optional) _____

Father's Name: First _____ Last _____

Occupation _____ Religion _____ Work# _____

Text

Cell Number _____ Y or N Email _____

Father's Address (if different from child's) _____

Living _____ Deceased _____ Separated _____ Divorced _____

Mother's Name: First _____ Last _____ Maiden _____

Occupation _____ Religion _____ Work # _____

Text

Cell Number _____ Y or N Email _____

Mother's Address (if different from child's) _____

Living _____ Deceased _____ Separated _____ Divorced _____

Child lives with: Both parents _____ Father _____ Mother _____ Father & Stepmother _____

Mother & Stepfather _____ Other _____

Baptism Date _____ Church _____ City & State _____

Penance Date _____ Church _____ City & State _____

First Communion Date _____ Church _____ City & State _____

Expected Date of Entry _____ Grade _____ From _____

Name of School _____ Address _____

Is your child fully immunized? _____ Yes _____ No _____

This is an application, not a registration form. You will be notified when acceptances are finalized.



*Co-Sponsored by
Holy Trinity Parish and Saint Helen's Parish, Westfield
And Our Lady of Lourdes Parish, Mountainside*