



HOLY TRINITY SCHOOL



Westfield Campus ~ Kindergarten to Grade 8
336 First Street, Westfield, NJ 07090
Ph. 908-233-0484 | Fax 908-233-6204

Mountainside Campus ~ Age 2 to Kindergarten
304 Central Avenue, Mountainside, NJ 07092
Ph. 908-233-1899 | Fax 908-654-6680

Application Form ~ Grades 1-8

Application Fee \$150.00 (Non-refundable) – payable only thru FACTS* GRADE (2018-19)_____

Pupil's Name First _____ Middle _____ Last _____

Address _____ Telephone _____

Street Town Zip Code

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# _____

Cell Number _____ Text 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 # _____

Cell Number _____ Text 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

* Application fee: **please pay via FACTS at <https://online.factsmgt.com/signin/3JYJV>**

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

