



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

New Student Application Fee \$150.00 (non-refundable through FACTS, instructions are attached)

APPLICATION FORM Two Year Olds, PreK-3, PreK-4 & Kindergarten Programs (2019-20)

Pupil _____

Last name _____ First Name _____ Middle Initial _____

Home Address _____

Street _____ Town _____ Zip Code _____ Telephone Number _____

Date of Birth _____ **Place of Birth** _____ **Gender** _____ **Race** _____

Parish _____ Name Registered Under _____

Baptism Date _____ Church _____ City & State _____

Father's Name _____ Religion _____ Occupation _____

Work # _____ Cell # _____ Text Y/N _____ Email _____

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

Living _____ Deceased _____ Separated _____ Divorced _____

Mother's Name _____ Maiden Name _____

Religion _____ Occupation _____ Cell # _____ Text Y/N _____

Work # _____ 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 _____

Is your child fully immunized? Yes _____ No _____

CLASS SCHEDULE 2019-2020

Two Year Olds

___ PreK 2

___ PreK 2.5

PreK 3

___ PreK3-3 am

___ PreK3-5 am

___ PreK3-5 am + 2 pm

Choose one - Class Descriptions on reverse side

PreK 4

___ PK4- 5am+2pm

___ PK4+ (MC)

___ PK4+ (WC)

Kindergarten

___ (MC)

___ (WC)



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