



Application for New Students

9th Grade:

I-20/International:

Additionally, please submit:

- Copy of Birth Certificate
- Copy of Health Records
- Copy of IEP or 504 Plan If Applicable
- Discipline/Attendance Record

Transfer: Previous High School: _____

Grade Level (entering): 9th 10th 11th 12th

Additionally, please submit:

- Copy of Health Records
- Unofficial Transcript and/or Grades in Progress
- Discipline/Attendance Record (From a discipline tracking school program)
- Copy of Birth Certificate
- Letter of Reference (Principal, teacher, academic advisor at youth/scholarship organization)
- Copy of IEP or 504 Plan If Applicable

STUDENT INFORMATION

First Name: _____ Middle: _____ Last Name: _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Birthdate: _____ Social Security #: _____

Gender: Male Female Place of Birth: _____ Ethnicity (choose One): Latino Not Latino

Race (choose all that apply): Black White Native American Asian

Religion (choose one): Catholic Christian Muslim Jewish Buddhist Other _____

Place of Worship: _____ Place of Worship Address: _____

Elementary School: _____ Elementary School Address: _____

SUPPORT SERVICES

Does the student currently receive or has the student previously received counseling services? No Yes

Does the student have an Individualized Education Plan (IEP) or 504? No Yes (attach copy)

Does the student speak another language, other than English? No Yes, if so which one: _____

Does the student receive Title 1 Services (i.e., extra instruction in reading and mathematics or after-school/summer programs to extend and reinforce the regular school curriculum)? Yes No

GUARDIAN INFORMATION

Guardian #1 Name: _____ Relationship to Student: _____

Address of Guardian #1: _____

Cell Phone: _____ Work Phone: _____ Place of Employment: _____

Email Address: _____ English Speaking? Yes No _____

Guardian #2 Name: _____ Relationship to Student: _____

Address of Guardian #2: _____

Cell Phone: _____ Work Phone: _____ Place of Employment: _____

Email Address: _____ English Speaking? Yes No _____

Marital Status: Married Divorced Separated Single Father Deceased Mother Deceased

Mother re-married, stepfather's name: _____ Cell Phone: _____

Father re-married, stepmother's name: _____ Cell Phone: _____

Is this student a ward of the state? No Yes (attach copy of documents)

Does student have a legal guardian/adoptive parent? No Yes (attach copy of documents)

Who is responsible for school-related decisions? Both Parents Mother Father Guardian: _____

If the student does NOT live with parents, please explain the relationship & responsibilities of the designated guardian:

Are there any restrictions? Please explain: _____

EMERGENCY CONTACT INFORMATION

If there is an emergency with your student and we are not able to contact you, who may we contact? (Please do not list parents.)

Emergency Contact #1 Name: _____ Relationship to Student: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact #2 Name: _____ Relationship to Student: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Physician Name: _____ Physician Phone: _____

Insurance Carrier: _____ Policy Number: _____

Does your student have health issues we need to be aware of? No Yes _____

Prescription medications? _____

SIBLING INFORMATION

Name: _____ Grade: _____ Date of Birth: _____

Name: _____ Grade: _____ Date of Birth: _____

Name: _____ Grade: _____ Date of Birth: _____

Name: _____ Grade: _____ Date of Birth: _____

ALUMNI INFORMATION

Are any family members graduates of Holy Trinity High School?

Name: _____ Graduation Year: _____ Relationship to Student: _____

Name: _____ Graduation Year: _____ Relationship to Student: _____

Name: _____ Graduation Year: _____ Relationship to Student: _____

HIGH SCHOOL DECISION QUESTIONS

I attended HT's: Open House Scholarship Info Night Shadow Day Other _____

I was referred to Holy Trinity by: _____

I participate in the following after school/tutoring programs (check all that apply): Metro Achievement Center

Midtown Center High Jump HighSight Chicago Lights Horizons for Youth Other: _____

How have you heard about HT? Choose all that apply.

Postcard Poster at School Text Message HT Website Email

Newspaper Ad Instagram/Facebook HT student/staff called me Other: _____

GUARDIAN SIGNATURE: _____ **DATE:** _____