

Dear Parent/Guardian,

I am excited that you are considering Trinity Catholic High School for your students. It is my pleasure to extend an invitation to your student to apply for admission for the 2009-2010 academic year.

Please follow these procedures in order to facilitate the application process. Gather the documents listed below:

APPLICATION DOCUMENTS REQUIRED

1. Completed Application Form (\$90.00 Exam Fee)
2. Complete, unofficial copies of the student's academic transcript or report cards for the past two years.
3. Copy of most recent standardized test scores
4. Completed Recommendation Form (enclosed) (Please leave this form at your child's present school and they will forward it to us.)
5. [Copy of Birth Certificate]

Forward these documents to the Admissions Office. When requesting documents from your child's school, please request unofficial documents. (Upon acceptance to Trinity Catholic High School, we will request official transcripts from the previous school). When you are notified that your son/daughter is accepted to Trinity Catholic High School, the Registration Fee is due. Course selection and confirmed registration cannot be completed until this financial obligation is met.

All incoming freshman **MUST** take the Placement Exam. Our next test date will be Saturday, January 10th. Check-in will be from 8.30-8.45; the test will start at 9.00 and will last until approximately 11.45 a.m. While the Entrance Exam scores are an integral part of the course selection process, middle school performance and teacher recommendations also play a vital role in helping us determine which academic level your student will be placed as a freshman.

May God bless you with health and happiness and be assured of my prayers for your family.
Sincerely,

Br. Peter E. Zawot, C.F.C.
Principal

Application Form

2009-2010 Grade Level: 9th

Testing Date: Saturday, January 10, 2008. Check-in begins at 8.30 and the test starts promptly at 9.00.

This application form and \$90.00 fee need to be returned to the office before or on the testing date.

Student's Name: _____
(Last) (First) (MI)

Mailing Address: _____
(House Number & Street)(City, State) (Zip Code)

Home Phone: _____ Email Address: _____

Date of Birth _____

Parent's Full Name: _____
(Name of parent(s) student is living with-i.e. Mr. & Mrs.)

Mother's Work Number: _____ Cell: _____

Father's Work Number: _____ Cell: _____

School Currently Attending: _____
(School Name) (Mailing Address)

Church: _____
(Church-full name & city)

Religion: _____ Stewardship _____ Envelope # _____

Has the student ever...

Repeated a grade? Skipped a grade? Been accelerated in instruction?

Has the student ever been referred to anyone for...

Academic evaluation? Special testing? Remediation?
SLD/IEP/504 plan?

***Please Attach Documentation. This is Required.**

Has the student ever been...

Suspended from school? Dismissed from school?

** Answering yes requires a written explanation and may require a conference.*

*Please attach the NON-REFUNDABLE application fee of \$90. 00 to this form.
Make checks payable to: Trinity Catholic High School*

Missing or concealed information renders application invalid

FOR OFFICE USE ONLY

Date: _____

Check# _____

Amount: \$ _____