



TRINITY CATHOLIC HIGH SCHOOL

926 NEWFIELD AVENUE • STAMFORD CT 06905 • 203.322.3401 • WWW.TRINITYCATHOLIC.ORG

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Freshman Transfer

LEGAL NAME _____
Last First Middle

Male Female

DATE OF BIRTH _____ CELL OR E-MAIL _____

HOME ADDRESS _____
Street Address City State Zip

SCHOOL NOW ATTENDING _____
School Name City State Zip Current Grade

RELIGION _____ PARISH/CHURCH AFFILIATION _____
Parish Name City State

STUDENT LIVES WITH Father & Mother Father Mother Stepfather Stepmother Grandparents
 Other / Relationship _____
 If parents do not live at the same address, please check if both are to receive separate correspondence.

EXTRACURRICULAR INTERESTS (ACTIVITIES, ARTS, ATHLETICS, COMMUNITY SERVICE, HOBBIES) _____

FAMILY INFORMATION

Mr. Dr. Other

Father's Name _____

If different from student's information:

Address _____

Home Phone _____ Cell _____

Marital Status Married Widowed
 Separated Divorced

E-mail _____

Name of Employer _____

Position _____

Business Address _____

Parish or Church Affiliation _____

Ms. Mrs. Dr. Other

Mother's Name _____

If different from student's information:

Address _____

Home Phone _____ Cell _____

Marital Status Married Widowed
 Separated Divorced

E-mail _____

Name of Employer _____

Position _____

Business Address _____

Parish or Church Affiliation _____

SIBLINGS

Name	Age	School & Grade
_____	_____	_____
_____	_____	_____

List any family members who have attended Trinity Catholic High School, Stamford Catholic High School, Central Catholic High School or St. Mary's High School

Name	Relationship	Years Attended

SHORT ANSWER QUESTIONS

Because it is helpful to add personal context to the application process we ask that you and your child provide answers to the following questions. Please submit on a separate document.

Parent Questions

1. Please indicate any special personal or academic strengths your child possesses.
2. Briefly describe what regular responsibilities or routine duties your child may perform at home.
3. Please describe any special circumstances, if any, which may have affected your child's performance in school (i.e. illness, family difficulties, change of home or school, etc.)

Student Questions

1. Please share any activities you participate in outside of school . Include any leadership roles, honor roll, awards or recognitions you have received.
2. Why do you want to attend Trinity Catholic High School?

PARENT/GUARDIAN MUST COMPLETE THE FOLLOWING

Does your child have any special academic needs, an active Individualized Educational Plan (IEP), a current 504 Plan or any service plan? Please indicate yes or no and if yes, please explain. This information will assist in building a program which will ensure your student's academic success. Failure to provide applicable information early in the process may result in acceptance withdrawal.

- no**
- yes** _____

Does your child have any special needs or medical history that might interfere with his/her participation in any classes or in any athletic program?

- no**
- yes** _____

What is the primary language spoken at home? _____

How did you hear about Trinity Catholic? _____

Parent/Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____

Please send the completed application and the \$50 non-refundable application fee to:

Admissions Office
Trinity Catholic High School
926 Newfield Avenue Stamford CT 06905
admissions@trinitycatholic.org / 203.487.8242

Trinity Catholic High school admits students of any color, race, religion and national or ethnic origin.