



# TRINITY CATHOLIC HIGH SCHOOL

926 NEWFIELD AVENUE • STAMFORD CT 06905 • 203.322.3401 • [WWW.TRINITYCATHOLIC.ORG](http://WWW.TRINITYCATHOLIC.ORG)

## APPLICATION FOR ADMISSION

### STUDENT INFORMATION

Freshman     Transfer

LEGAL NAME \_\_\_\_\_  Male     Female  
Last First Middle

DATE OF BIRTH \_\_\_\_\_ E-MAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street Address City State Zip

HOME PHONE \_\_\_\_\_ PARENT CELL PHONE \_\_\_\_\_

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) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PARENT 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 \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_

Business e-mail \_\_\_\_\_

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 \_\_\_\_\_  
\_\_\_\_\_

Business Phone \_\_\_\_\_

Business e-mail \_\_\_\_\_

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

**PATERNAL GRANDPARENTS**

Grandfather	e-mail	Grandmother	e-mail
Street	City	State	Zip Telephone

**MATERNAL GRANDPARENTS**

Grandfather	e-mail	Grandmother	e-mail
Street	City	State	Zip Telephone

**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.

- 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

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