

Pre-Registration Form 2018-2019

Please complete and return by March 31, 2018.

Please indicate one of the following:

_____ Yes, my child/children will attend Trinity High School for the 2018-2019 school year.

_____ No, my child/children will not attend Trinity High School for the 2018-2019 school year.

_____ Undecided

If yes, please complete the following information:

<u>Student # 1</u>		
Last Name	First & Mic	dle DOB
Registering for a	grade SSN#:	ddle DOB Shirt Size*
If new student,	list school attending now	
Student # 2		
Last Name	First & Mic	1dle DOB
Registering for g	grade SSN#:	ddle DOB Shirt Size*
If new student,	list school attending now	
Student # 3		
Last Name	First & Mic	dle DOB
Registering for a	grade SSN#:	ddle DOB Shirt Size*
If new student,	list school attending now	
*Shirts are avail	able in the following adult sizes	s: Small, Medium, Large, XL, 2X, 3X
I choose to pay	my child's tuition by (check one	e of the following):
	· · · ·	2018 to receive a 5% discount. ing payments) (payments can be set up monthly,
	Please check if you will be appl ***All applications must be su LIMITED and we urge you to ap	lying for tuition assistance funds. bmitted online by March 31, 2018. THESE FUNDS ARE oply online if there is a need. Please note there is a \$27 opplication. To apply, please go to our website, on the FACTS link.
Parent/Guardia		
	Email Address	