

Trinity Catholic Academy Registration Form 2018

Office Use:
 Birth Certificate
 Baptism Certificate
 \$50.00 Registration Fee
 cash / # _____ / waived

The above listed needs to be turned in with Registration Form.

Student Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Last Name	First Name	Middle Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="()"/>
Student Home Street Address	City, State	Zip Code	Main Phone
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	City of Birth	Entering Grade	Preschool (if applicable)
			<input type="checkbox"/> M <input type="checkbox"/> F
<input type="text"/>	<input type="text"/>		
Student's Religion	Parish of Registration (if applicable)		

Family Information

Student lives with: (check all that apply)

- Both Parents
 Mother Only
 Father Only
 Legal Guardian
 Mother/Stepfather
 Father/Stepmother
 Other Relative: _____

Parents are:

- Married
 Separated, Joint Custody
 Other: _____

<input type="text"/>	<input type="text" value="()"/>	<input type="text" value="()"/>
Father's Name	Father's Phone	Father's Cell
<input type="text"/>	<input type="text"/>	
Father's Address, City, State	Father's Email Address	
<input type="text"/>	<input type="text" value="()"/>	<input type="text"/>
Father's Place of Employment	Father's Work Phone	Father's Religion
<input type="text"/>	<input type="text" value="()"/>	<input type="text" value="()"/>
Mother's Name	Mother's Phone	Mother's Cell
<input type="text"/>	<input type="text"/>	
Mother's Address, City, State	Mother's Email Address	
<input type="text"/>	<input type="text" value="()"/>	<input type="text"/>
Mother's Place of Employment	Mother's Work Phone	Mother's Religion

Federal Ethnicity Information

Part A: Is the student Hispanic/Latino (select only one)

No, not Hispanic or Latino Yes, Hispanic or Latino

Part B: What is the student's race? (select one or more regardless of ethnicity)

American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Black or African American Asian White

Sacramental Record

Date of Baptism

Church

City and State

Date of First Confession

Church

City and State

Date of First Communion

Church

City and State

Date of First Confirmation

Church

City and State

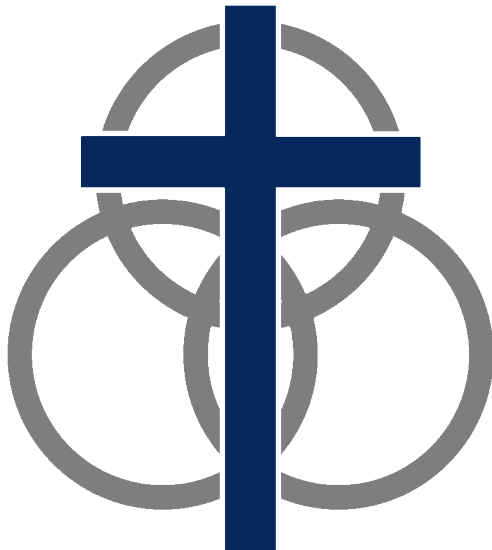
Preschool Only Information

Please choose a section:

3yr old: 3 day, all day 3day, half day 5 day, all day 5 day, half day

4yr old: 3 day, all day 3day, half day 5 day, all day 5 day, half day

Do you plan to send your child to TCA Kindergarten? Yes No Undecided



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Very Rev. Paul Carlson, *Pastor*

Mr. Jerry Carls, *Principal*

Mrs. Deb Myers, *Assistant Principal*

Esmeralda Avila, *Business Manager*

Jenny Peters, *Secretary*