



Trinity Catholic Academy Registration Form

Office Use:	
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Baptism Certificate
<input type="checkbox"/>	\$50.00 Registration Fee
Date Form Received: _____	

Student Information

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

<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	Zip Code	Main Phone
<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth	Entering Grade	Preschool (if applicable)
		<input type="checkbox"/> M <input type="checkbox"/> F	
		Gender	
<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

Federally Required 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

/ /		
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Date of Baptism

Church

City and State

/ /		
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Date of First Confession

Church

City and State

/ /		
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Date of First Communion

Church

City and State

/ /		
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Date of First Confirmation

Church

City and State

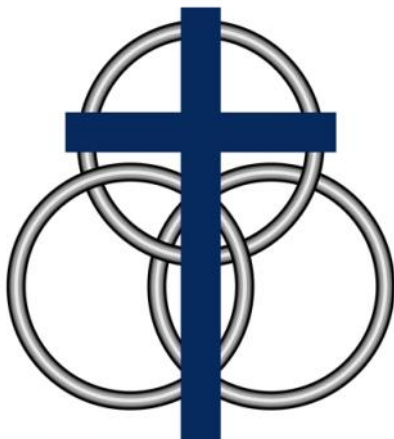
Preschool Only Information

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



Mailing address: TCA, 650 4th Street, La Salle, IL 61301

Phone number: 815-223-8523

Email: tcasaints@lasallecatholic.org

Website: www.lasallecatholic.org

Direct questions to: Mr. Jerry Carls, Principal

Jenny Peters, Secretary

Esmeralda De La Torre, Business Manager