



Holy Trinity
academy
AN ORTHODOX CHRISTIAN SCHOOL

**APPLICATION FOR ADMISSION
2011-2012**

**13555 Hillcrest Road
Dallas, Texas 75240**

**Phone: 972-490-7060
Fax: 972-991-3424**

- 2 Year Old Pre-School
 - 2 Day 3 Day 5 Day
- 3 Year Old Pre-School
 - 3 Day 5 Day
- 4 Year Old Pre-K
- Kindergarten
- 1st Grade
- 2nd Grade
- Before School Care
- After School Care

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972/490-7060 · 972/991-3424 (fax)

Office Use Only

Application Fee: \$150.00 _____
Date Received: _____
Check Number: _____

Date of Application: _____ Date of Birth: _____ Age as of Sept. 1, 2011: _____

Applicant's Full Legal Name: _____
Last
First
Middle

Male Female Date of Birth: _____ Country of Citizenship: _____
 Social Security #: _____ Child's Name Day: _____

Applicant's Home Address: _____
Number and Street
Apt. #
Home Phone Number

City
State
Zip Code

Student's Religious Affiliation: _____

Father

Mother

Full Name _____	Full Name _____
Home Address _____	Home Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
E-Mail _____	E-Mail _____
Home Telephone _____	Home Telephone _____
Cell Phone _____	Cell Phone _____
Business/Employer _____	Business/Employer _____
Occupation/Position _____	Occupation/Position _____
Business Telephone _____	Business Telephone _____
Business Address _____	Business Address _____
Stepfather's Name _____	Stepmother's Name _____

Parents are living: Together Separated Divorced Mother Remarried Father Remarried
 Natural Father Deceased Natural Mother Deceased

Applicant is living with: Parents Mother Father Other (specify) _____

Name of child's paternal grandparents: _____

Name of child's maternal grandparents: _____

Other children in family (give names, ages, schools if in school or college)

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Has applicant applied to Holy Trinity Academy prior to this year? Yes No If yes, what grade? _____

Has diagnostic testing been recommended? Yes No By whom? _____

If yes, was diagnostic testing completed? Yes No Date completed: _____

A COPY OF TEST RESULTS MUST ACCOMPANY THIS APPLICATION.

I understand that withholding or misrepresenting information requested in this application may jeopardize admission or enrollment at Holy Trinity Academy. My signature below indicates that all information contained in this application is correct, complete and honestly presented.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Thank you for providing us with this information.

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

Holy Trinity Academy, 13555 Hillcrest Road, Dallas, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at Holy Trinity Academy. Holy Trinity Academy does not discriminate on the basis of race, color, and/or national and ethnic origin in the administration of its education policies, admissions policies, scholarship, and loan programs, and athletic and other school-administered programs.

Holy Trinity Academy
Office of Admissions
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Dallas, TX 75240
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