



Trinity Catholic School

188 Main Street, Massena, NY 13662

Registration Form 2019-2020

Parent/Guardian _____

Mailing Address _____

Home Phone _____ Cell Phone _____

E-mail _____

Parish _____ School District _____

Father's Name _____ Religion _____

Mother's Name _____ Religion _____

Names of Children Attending Trinity for 2019-2020

| | |
|-------|-------------|
| _____ | Grade _____ |
| _____ | Grade _____ |
| _____ | Grade _____ |
| _____ | Grade _____ |

Are you are a single parent? () Yes () No

(If yes, please print the name and address of parent or parents whose name should appear on address label for school mailings.)

Do you wish to apply for financial aid? () Yes () No

Do you give permission for your child to be photographed for school publications, news articles, and the yearbook? () Yes () No