



TRINITY CATHOLIC SCHOOL

188 Main Street, Massena, NY 13662

RE-REGISTRATION FOR 2016-2017

PARENT/GUARDIAN _____
Last First Middle

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 2016-2017

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

Are you 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 yearbook? () Yes () No