



5919 Kalaniana'ole Highway, Honolulu, HI 96821 | (808) 396-8846

STUDENT REGISTRATION FORM

Check this box if this is a change to a previously submitted form.

PARENT INFORMATION (Father)						
Last Name		First	Middle	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Birth Date	Age					
Street Address		City	State	ZIP Code	Social Security	Home Phone No. () Listed/Unlisted
P.O. Box		City	State	ZIP Code		
Email Address:		Cellular Phone No: ()		Pager Phone No: ()		
Occupation		Employer		Employer Phone No. ()		

PARENT INFORMATION (Mother)						
Last Name		First	Middle	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Birth Date	Age					
Street Address		City	State	ZIP Code	Social Security	Home Phone No. () Listed/Unlisted
P.O. Box		City	State	ZIP Code		
Email Address:		Cellular Phone No: ()		Pager Phone No: ()		
Occupation		Employer		Employer Phone No. ()		

STUDENT REGISTRATION FORM

Continued

GUARDIAN INFORMATION						
Last Name		First		Middle		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Birth Date	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F				
Street Address		City	State	ZIP Code	Social Security	Home Phone No. () Listed/Unlisted
P.O. Box		City	State	ZIP Code		
Email Address:		Cellular Phone No: ()		Pager Phone No: ()		
Occupation		Employer		Employer Phone No.		

CHILD'S NAME	BIRTHDATE	SEX (M/F)	SOCIAL SECURITY NUMBER

IN CASE OF EMERGENCY			
Name of Local Friend or Relative (not living at same address)	Relationship to Student:	Home Phone No. ()	Work Phone No. ()

The above information is true to the best of my knowledge. I authorize Holy Trinity School parents and teachers to contact me regarding school activities as necessary, releasing my information only to people associated with the school, and only on a "need-to-know" basis.

X _____

PATIENT/GUARDIAN SIGNATURE

DATE