

**2009-2010 MOST HOLY TRINITY SCHOOL REGISTRATION**

Due April 3, 2009

Student's Name

Grade  
2009-10

_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_ Yes, the above student(s) will be attending Most Holy Trinity School

\_\_\_\_\_ Family non-refundable registration deposit of \$100.00 enclosed.

\_\_\_\_\_ Yes, I want to supervise recess on a regular basis. The days that will work for me are the following \_\_\_\_\_.

\_\_\_\_\_ No, I will not be able to supervise recess on a regular basis. I will pay the \$50 fee to cover that cost. That fee will be assessed in the fall.

\_\_\_\_\_ No, my child(ren), \_\_\_\_\_ will not be attending MHT School.

Optional: (It is our mission to provide a Catholic School education to all Catholic children. To help us make decisions that will make this a reality, we would really appreciate your input.)

I am choosing **not** to send my child(ren) to MHT School for the following reasons:  
(check or fill in all that apply)

\_\_\_\_\_ money

\_\_\_\_\_ my children are allowed to choose their school

\_\_\_\_\_ other (please explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parents' Names *(please print)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature