

Cape Trinity Catholic
1500 Central Avenue, Suite 300
North Wildwood, NJ 08260
(609) 522-2704 Telephone (609) 522-5329 Facsimile



Student Registration Form

Student Start Date _____ Student Entering Grade _____

Preschool Age 4 Program Only: How many days will your child attend? _____ 5 days _____ 3 days _____

First Name _____ Middle Name _____ Last Name _____

Preferred First Name _____ Birth Place _____ Birth Date _____

Ethnicity _____ Race _____ Religion _____

Parish _____ Public school district where student resides _____

Transportation to school _____ Bus* _____ Car _____ Walker _____

**Please complete a B6T form*

Sacrament Information if Catholic

	Parish	City	State	Date
Baptism	_____	_____	_____	_____
First Reconciliation	_____	_____	_____	_____
First Communion	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

School History

Previous School Address	Start Date	Grade	End Date	Grade
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Previous School's Telephone and FAX Numbers _____

Is this student enrolled in any above grade level learning classes at this school? _____

Does this student receive any supplemental instructional aide/accommodations at this school? _____

Are there any instructional plans on record for this student at this school? _____

Records Release

I give permission for Cape Trinity Catholic to request my child's records from the above school including cumulative folder, intelligence/achievement test results, health record, child study team placement/assessment record, discipline record, and any other information pertinent to pupil placement/instruction including speech, guidance, and other related services.

Parent Signature: _____ Date: _____