



**CHILD (APPLICANT) INFORMATION**

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Name \_\_\_\_\_  
First Middle Last Nickname (if applicable)

Home Address \_\_\_\_\_  
Street Name and Number

City/Town \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Gender:  Female  Male Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Child's Primary Language \_\_\_\_\_ Language(s) Spoken at Home \_\_\_\_\_

Child Level / Age:  6wks - 6mos  6 - 12mos  1YR  2YR  3YR  VPK

Has the child previously applied to HTES before?  Yes  No

Desired start date for child: \_\_\_\_\_

**EDUCATION INFORMATION**

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Current School (if applicable) \_\_\_\_\_

School Address \_\_\_\_\_  
Street Name and Number City State or Country Zip Code

School Phone \_\_\_\_\_

Current Teacher \_\_\_\_\_

Other schools attended in the past two years: \_\_\_\_\_  
\_\_\_\_\_

**ETHNIC INFORMATION (OPTIONAL)**

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Please check the box that you consider the most appropriate for the child. This information is optional and not completing this section will, in no way, affect a child's chances for admission.

- African American/Black
- Asian American
- European American/White
- Latino/Hispanic American
- International
- Middle Eastern American
- Multiracial American
- Native American
- Pacific Islander American
- Other \_\_\_\_\_

Holy Trinity Episcopal School of Gainesville does not discriminate on the basis of race, color, national or ethnic origin in its admission policies, nor in the rights, privileges, and activities made available to children at its school.

## FAMILY INFORMATION

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### Parent/Guardian 1

Name \_\_\_\_\_  
(Mr., Ms., Mrs., Other)

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
Street Name and Number

City/Town \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation and Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

### Parent/Guardian 2

Name \_\_\_\_\_  
(Mr., Ms., Mrs., Other)

Relationship to child \_\_\_\_\_

Address \_\_\_\_\_  
Street Name and Number

City/Town \_\_\_\_\_ State or Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation and Title \_\_\_\_\_

Employer \_\_\_\_\_

Business Phone \_\_\_\_\_

Parents are:  Married  Divorced  Separated  Never Married

If Parent/Guardian 1 is remarried:

Name of spouse: \_\_\_\_\_

If Parent/Guardian 2 is remarried:

Name of spouse: \_\_\_\_\_

Child lives with:  Parent/Guardian 1  Parent/Guardian 2  Other \_\_\_\_\_

To whom should admission correspondence be sent?  Parent/Guardian 1  Parent/Guardian 2

Please give the names and ages of any siblings and their current schools:

Name	Current School	Current Grade	Gender	Date of Birth
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any siblings currently applying to HTES?  Yes  No

If yes, name(s) and level(s) applying for: \_\_\_\_\_

Please give the names, relationships and graduation years of relatives who attend or attended HTES:

Name	Relationship	Years Attended
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_____	_____	_____
_____	_____	_____
_____	_____	_____

## **PARENT QUESTIONNAIRE**

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Please answer the following questions. Additional pages may be attached if necessary.

Please describe your child (their likes/dislikes).

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Please describe your child's current school experience, if any.

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What activities does your child enjoy?

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Why do you think that HTES is a good match for your child and your family?

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Has the child had any individual educational testing/evaluation or assessment of intellectual ability?

Yes

No

If yes, please indicate area of testing: \_\_\_\_\_

We want to ensure your child's needs are met.

Is there any other information you would like to share about your child?

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How did you hear about HTES?

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Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

*Holy Trinity Episcopal School's mission is to develop each child to his or her fullest potential, spiritually, intellectually, and socially, that each may grow in grace, enjoy freedom through knowledge, and lead a healthy, productive and meaningful life.*

*Holy Trinity Episcopal School of Gainesville does not discriminate on the basis of race, color, national or ethnic origin in its admission policies, nor in the rights, privileges, and activities made available to children at its schools. We are NAEYC accredited (National Association for Education of Young Children), and we are also members of NAES (National Association of Episcopal Schools).*

**Instructions to submit:**

1. Print out form (after digitally filled out or for filling in by hand). Sign and date.
2. Mail to: Holy Trinity Episcopal School, 301 N. Main Street, Gainesville, FL 32601 **WITH** your deposit check.
3. We will contact you upon receipt of your application and check.