



**Holy Trinity Roman Catholic  
Separate School Division #22**  
502 Sixth Avenue North East  
Moose Jaw, SK S6H 6B8

## DECLARATION OF STATUS

(This form is to be completed by parents/guardians not of the Catholic faith who request admission of a child to a school within Holy Trinity Catholic Schools. The Principal will interview all parents/guardians prior to acceptance)

**NAMES OF PARENTS/GUARDIANS:** \_\_\_\_\_

**ADDRESSES OF PARENTS/GUARDIANS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES AND PLACEMENT OF STUDENTS:** \_\_\_\_\_

NAME	GRADE	PREVIOUS SCHOOL ATTENDED
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I wish to have my child/children attend a Catholic school. My primary motive is to have my child/children participate in the spiritual formation and atmosphere of the Catholic school. I agree to comply with and support, to the best of my ability, the vision, mission, and covenant of shared values of the school division, the Religious Education program, and the religious celebrations of the Catholic school, excluding reception of the sacraments.

**NAME OF CATHOLIC SCHOOL:** \_\_\_\_\_

**DATE OF REGISTRATION:** \_\_\_\_\_

**SIGNATURE OF PARENTS/GUARDIANS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINCIPAL:** \_\_\_\_\_