

Trinity Catholic High School

Class of 20____

Enrollment Form

Student: _____

____ Accepts admission and will enroll in the class of 20_____

____ Denies admission and will enroll at: _____

If you are accepting our offer of admission, please include a non-refundable \$500.00 enrollment deposit when you return this form.

Checks should be made payable to *Trinity Catholic High School*.

PLEASE NOTE:

To secure your spot, this form and the deposit
Must be returned to us as soon as possible, along with your tuition
payment option form.

If you have any questions regarding your enrollment,
please contact Ms. Carrie Kotecki,
Director of Admissions, at (617) 244-1841 ext. 312.