



Holy Trinity School

64 Lamphor Street
Fall River Massachusetts

Telephone 508-673-6772
Fax 508-730-1864

Religious/Parish Designation Form 2015 - 2016

Student Name: _____ Grade: _____

Religious Denomination

Please check one of the following and provide Parish name:

Roman Catholic:

Parish Presently registered In: _____

City/Town _____ State _____

Not Roman Catholic Please specify: _____

Name of Church Affiliation if applicable: _____

City/Town _____ State _____

Please return this form as soon as possible for it is very important for our records. We will be calling anyone who does not return this form. Thank you for your co-operation.