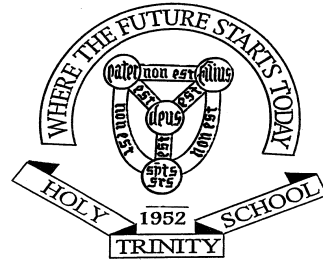


# Holy Trinity School

20 Springside Ave.  
Poughkeepsie, NY 12603  
845-471-0520  
Fax: 845-471-0309



## Parent-Student Handbook 2016-2017

I, the parent and guardian of \_\_\_\_\_  
in Grades \_\_\_\_\_, have received, read and understood the school policies as described in the Handbook of Holy Trinity School. I agree to abide by the standards as set by the school. I realize that failure to comply with these standards will jeopardize my child's/children's continuance at Holy Trinity School.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Grade 2 and above Student's signature)

\_\_\_\_\_  
(Grade 2 and above Student's signature)

\_\_\_\_\_  
(Grade 2 and above Student's signature)

\_\_\_\_\_  
(Grade 2 and above Student's signature)

Return by September 8, 2016