

TRINITY CHRISTIAN SCHOOL
FAMILY APPLICATION 2010-2011



Date of Application _____

A. STUDENT INFORMATION

Student's Name: _____ Sex: M _____ F _____
Last First Middle

Student's Address: _____ Phone: _____
Street

City State Zip

Date of Birth: _____ Place of Birth: _____ Ethnicity: _____

Entering Grade: _____ If Kindergarten _____ AM _____ Full Day

Why is Trinity Christian the school of your choice?

B. FAMILY INFORMATION (Both Father and Mother sections are required irregardless of custody).

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

1. Father's or Mother's address (if different than above): _____
2. Student lives with: Both Parents Father Mother Guardian Other _____
3. Parent/s having legal custody of student is/are: Both Parents Father Mother Guardian Other
4. Please provide us with any other pertinent information or restrictions regarding custody or legal matters, if any.
(copy of custodial rights agreement)

5. Please provide student's sibling information.

Sibling(s) Name	Age	Grade (if applicable)	School Attending

6. How did you become acquainted with Trinity Christian School?

7. Referring Trinity Parent: _____

C. EDUCATIONAL BACKGROUND

List all schools previously attended beginning with current school:

Name of School	Address	Grade(s)	Year(s)

1. Where does your son/daughter rank academically among classmates?

- Average Above Average Below Average

2. How does he/she participate in learning activities at school? Eagerly Acceptingly Passively Reluctantly

3. Has this student repeated a grade? _____ If yes, which grade: _____

4. Has this student skipped a grade? _____ If yes, which grade: _____

5. Briefly describe what you see as strong areas of learning or special interests of your child:

6. Briefly describe your child's extracurricular activities and interests:

7. Has your child ever been suspended, expelled, or removed from school for any reason? Please explain.

8. Does your child have any allergies or any medical disabilities? Please explain. _____

9. Are there any health conditions which have affected or may affect your child's school life? _____

Is child currently taking any medications? _____

Does child need to wear glasses? _____

Does child need to wear Hearing Aides _____

10. If your child has any physical, emotional, or learning disabilities (including dyslexia, hand-eye coordination, special relations or perceptual difficulties), please explain in detail.

11. Are there any learning/behavioral/emotional or social conditions which have affected or may affect your child's school life? Please check applicable areas:

- | | |
|--|--|
| <input type="checkbox"/> ADD (Attention Deficit Disorder) | <input type="checkbox"/> (In Special Education) or (Resource Room) |
| <input type="checkbox"/> ADHD (Attention Deficit with Hyperactivity) | <input type="checkbox"/> Remedial Reading (Chapter 1) |
| <input type="checkbox"/> BD (Behavior Disorder) | <input type="checkbox"/> Other |

12. Does your child have any special concerns, fears, etc? _____

13. Has your child ever had a Special Education/Speech Evaluation? _____

14. Has your child ever had or do they currently have an Individual Educational Plan or 504 or any other formalized educational plan? _____

(Please attach a copy to this application)

Please attach a copy of the most current report card and most current standardized test scores to this application.

D. CHURCH AFFILIATION

1. Which church do you attend? _____

Address: _____

Pastor's Name: _____ Church Phone: _____

2. How long have you been at your current church? _____

3. Are you a member? YES or NO

4. Church Attendance	Every Sunday	Occasionally	Seldom	Never
Father's attendance	_____	_____	_____	_____
Mother's attendance	_____	_____	_____	_____
Student's attendance	_____	_____	_____	_____

E. SPIRITUAL BELIEF

1. Please state briefly your personal relationship to Jesus Christ.

2. How would you describe your son/daughter's spiritual life?

3. Students who are applying for the fifth grade or older are required to state their spiritual standing and why they wish to attend Trinity. (May attach an additional sheet).

STATEMENT OF AGREEMENT

I hereby certify that I have read the Parent Agreement and Statement of Belief and Purpose. I affirm that I support these beliefs. I further accept the conditions and requirements of all other official policies and procedures of Trinity Christian School, including recommendations for class placement and assessments, and the payment of all fees and charges according to the published schedules of the school.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please indicate who filled out the form: Father Mother Both Other

A non-refundable registration fee of \$150.00 is required for all students.

Trinity Christian School admits students of any race, color, nationality or ethnic origin to all the rights, privileges, programs and activities generally available to Trinity students. We do not discriminate on the basis of sex, race, color, national or ethnic origin in the administration of our admissions procedures, educational policies, financial assistance programs, athletic or other school administered programs. We do, however, reserve the right to deny admission to any individual based on religious or doctrinal beliefs or whose personal lifestyle is not in harmony with the stated philosophy and purpose of Trinity or whose child can not profit educationally from the services the school provides.