



Admission Application

Student Information

Family Name

Office Use Only
Date Received: _____
Date Approved: _____
Approved by: _____
Administrator signature

Personal Information (complete one form for each student applicant)

Last

First

Middle

Primary Residence: _____ street _____ city _____ state _____ zip code

Telephone: _____ home _____ mobile

Date of Birth: _____ Sex: Male Female

Application for Enrollment in: Fall 2022 Spring 2023

Current Grade:

Most Recent Education History

School: Public: _____ name Private: _____ name Home

School Address: _____ street _____ city _____ state _____ zip code

Yes No

Has the student applicant ever skipped or repeated a grade or school year?

If YES, explain: _____

Has the student applicant ever been expelled?

If YES, explain: _____

Has the student applicant ever required individualized learning assistance in the classroom (e.g., resource room, LD placement, attention deficit, IEP, 504, Response to Intervention)?

If YES, explain: _____

Include with this student's application:

- \$50 application fee with the submittal (only one time per family)
- A recent photograph (with full name printed on the backside)
- The results of the most recent standardized achievement testing and most recent report card

Note: If an accurate grade level placement can't be determined, Trinity Academy will require assessment testing.

(continued on reverse)



Describe what you believe to be your child's strengths (academic, physical, social, etc.).

Describe areas in which your child may have weaknesses or difficulties (academic, physical, social, etc.).

The information on this application is true, complete, and accurate to the best of my knowledge.

signature

printed name

date

signature

printed name

date



Admission Application Family Information

NOTE: There is a \$50 application fee per family payable with the application submittal. Please complete only one form per family.

This form is based on a two-parent household as the primary place of residence for the student applicant. For complex household arrangements, please complete the Family Information Addendum and include it with the application submittal.

Father

Check box if step parent

Last	First	Middle
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Address: _____
street city state zip code

Telephone: _____
home mobile work

e-Mail(s): _____
primary secondary other

Mother

Check box if step parent

Last	First	Middle
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Address: _____
street city state zip code

Telephone: _____
home mobile work

e-Mail(s): _____
primary secondary other

Primary Co-teacher (check one) Father Mother Other _____
family relationship (if "Other") primary co-teacher signature

Household Children (<21 years old)

First Name (include last name if different than family name)	Relationship	Age	School Name	Grade

Other Household Adults:

Name (First and Last)	Relationship to Family	Age	Relevant Information

Local Church Where the Family Worships:

Name	Location	Church Leadership Contact

- I/We have attended a Trinity Academy informational meeting.
- I/We have read "An Introduction to Classical Education" by Christopher A. Perrin.

(continued on reverse)



Describe the educational goals you have for your child and how you anticipate Trinity Academy can help you achieve those goals.

Trinity Academy reserves the right to accept or reject any incomplete application or an application failing to meet standards of acceptance. Trinity Academy operation programs, plans, and procedures shall be established in a Christ-like manner that precludes discrimination on the basis of race, color, ethnicity, national origin, or sex.

We agree to partner with Trinity Academy for classical, Christ-centered education of our children under a hybrid education model.

_____	_____	_____
signature	printed name	date
_____	_____	_____
signature	printed name	date



This form is for complex household arrangements (e.g., single-parent of a divorced/separated household, a divorce/separated household with shared parental custody, non-parental custodianship/guardianship, blended family). Please complete and include this form with the application submittal. Detailed explanations may be provided on the reverse of this form if additional clarity is needed.

Single-parent Household w/100% Parental Custody Separated Divorced Widow/Widower

Last: _____ First: _____ Middle: _____

Address: _____ street _____ city _____ state _____ zip code _____

Telephone: _____ home telephone _____ mobile telephone _____ work telephone _____

e-Mail(s): _____ primary _____ secondary _____ other _____

Single-parent Household w/Shared Parental Custody Separated Divorced

Last: _____ First: _____ Middle: _____

Address: _____ street _____ city _____ state _____ zip code _____

Contact: _____ home telephone _____ mobile telephone _____ primary e-mail address _____

Second Custodial Parent

Last: _____ First: _____ Middle: _____

Address: _____ street _____ city _____ state _____ zip code _____

Contact: _____ home telephone _____ mobile telephone _____ primary e-mail address _____

Non-parental Custodianship/Guardianship (Provide an explanation on the reverse. Evidence of legal custody assignment is required.)

Last: _____ First: _____ Middle: _____

Address: _____ street _____ city _____ state _____ zip code _____

Contact: _____ home telephone _____ mobile telephone _____ primary _____

The information on this application is true, complete, and accurate to the best of my knowledge.

_____ signature _____ printed name _____ date _____

_____ signature _____ printed name _____ date _____