



# 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 2024  Spring 2025

Enrollment 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)



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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)



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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 \_\_\_\_\_