

# Application for Admission

## Student Information

Applying for Grade:  ECP 3-4  ECP JK  K  1  2  3  4  5

Gender:  Male  Female

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Has the applicant applied to Trinity School before? What year? \_\_\_\_\_

Home Address \_\_\_\_\_

How did you learn about Trinity School? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Language \_\_\_\_\_ Other Languages \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Ethnic Origin (optional) \_\_\_\_\_

## Parent or Guardian Information

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Home Email \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Address \_\_\_\_\_

Are you a Trinity School alumna/alumnus? What years did you attend? \_\_\_\_\_

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Religious Affiliation (optional) \_\_\_\_\_

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Member of:  St. Bede's Parish  Holy Trinity Parish

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## Family Information

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School Attending \_\_\_\_\_

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**Additional Background Information**

Please describe your child’s general health. Include allergies, asthma, etc.

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*Optional:* Trinity School values diversity of all forms in our community. Are there any ways in which your child would contribute to the diversity of our community?

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If the parents are separated or divorced, or if one of the parents is deceased, please use this space to describe the child’s home and/or custodial arrangements.

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Please indicate previous schools attended by the applicant and dates of attendance.

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*Grade 1 – 5 applicants only:* Have your expectations not been met at your child’s current school? Do you have academic or social concerns based on the experience in the current school?

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*Early Childhood Program applicants:* Please complete back page. ►

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Signature of Parent or Guardian

Date

Check here if you wish financial aid information to be mailed to you. Financial aid is available for ECP – Grade 5. Applying for financial aid will not affect the admission decision.

**Questions for Early Childhood Program Applicants (Threes, Fours and Junior Kindergarten)**

In which ways would you like to see the Early Childhood Program influence your child's growth?

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What other adults play a significant role in your child's life?

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Describe how independent your child is (i.e. self-help skills, or separation anxiety).

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What type of experiences has your child had without either parent present?

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*If applicable:* What aspects of his/her present school does your child enjoy most? What aspects of school does your child find challenging, or anticipate to find challenging?

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