



TRINITY ACADEMY

Innovative Classical Learning

Enrollment Application

**Please print or type all information. Complete and return to the Admissions Office with a \$250 non-refundable fee.
Please attach a picture of your student or family.**

Applicant's Name _____
First Middle Last Preferred Name

Applicant's Address _____ County _____

City _____ State _____ Zip _____

Telephone _____ Student Telephone _____ Student Email _____

Date of Birth _____ Place of Birth _____ Gender ☐ Male ☐ Female

Applying to Grade _____ for Academic School Year _____

ACADEMIC INFORMATION

List each school attended for the past four years and dates of attendance:

Current School Name _____ Current Grade _____ Dates Attended _____

Address _____ City _____ State _____

Previous School Name _____ State _____ Dates Attended _____

Previous School Name _____ State _____ Dates Attended _____

Previous School Name _____ State _____ Dates Attended _____

Has your child ever repeated a grade? _____ Which one _____ Has your child ever skipped a grade? _____ Which one _____

Has your child been suspended or asked to withdraw from any school for any reason? _____ If so, please explain _____

Has your child ever had any educational or psychological testing diagnosing a learning disability or ADD/ADHD? If so, please indicate.

Has your child ever received any modifications/accommodations in the classroom? Would your child require any accommodations to participate in the physical or educational program offered at Trinity? _____ If so, please state any accommodations required.

FAMILY DATA

Marital Status of Parents _____ With whom does student live _____

Parent/Guardian

Father's Full Name _____ **Preferred Name** _____

Address (if different from applicant) _____

Home Phone _____ Cell Phone _____ Email _____

Occupation/Title _____ Business Name _____

College/University Attended _____

Degree(s) Obtained _____

Mother's Full Name _____ **Preferred Name** _____

Address (if different from applicant) _____

Home Phone _____ Cell Phone _____ Email _____

Occupation/Title _____ Business Name _____

College/University Attended _____

Degree(s) Obtained _____

Applicants Siblings. Please list the names, ages, grade and current school of siblings.

Name	Age/Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alumni. Please list the names, relationship and graduation year of all family members who are graduates of Trinity Academy

Name	Relationship	Trinity Graduation Year
_____	_____	_____
_____	_____	_____

Where does your family attend church? _____

Pastor's Name _____ Does your family attend : Regularly _____ Seldom _____

How did you hear about Trinity Academy? _____

What factors contributed to the decision to look for a new school? _____

STUDENT INFORMATION

The following questions are to be completed by the parents of the applicant. Please attach an additional sheet, if necessary.

What do you consider to be your child's greatest strength? _____

What special abilities or talents does your child have? (I.e. academics, musical, artistic, athletic) _____

What is your child's greatest area of need and what steps have you taken to address these concerns? (I.e. tutoring, academic support, etc.) _____

Describe your child's extracurricular interest, abilities or achievements. _____

Describe your child's athletic participation and potential interests. _____

Please describe your child's study habits. _____

Has your child ever previously applied for enrollment at Trinity Academy? _____

What expectations do you have for the education of your child at Trinity? _____

Briefly state your understanding of who Jesus Christ is. _____

How would you describe your relationship with Jesus Christ? _____

Please provide any additional information that may assist us in the admissions process. _____

Will you, as parents, support your child being taught from the perspective expressed in Trinity Academy's Statement of Faith?

Yes ☐

No ☐

We/I agree that Trinity Academy will hold the applying family to be:

- Solely responsible for all financial obligations incurred by the applying child.
- In agreement and supportive of Trinity Academy's statements of teaching philosophy, mission and standards.
- Forthright in all information given in this application and that it is factual and true.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

NOTICE OF NON-DISCRIMINATORY POLICY

Trinity Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, financial aid, or employment policies, or any other programs administered by the school

FINANCIAL ASSISTANCE

Do you intend to apply for financial assistance?

☐ Yes

☐ No

Please note:

All financial assistance awards are based upon financial need. Admission decisions and financial assistance awards are made separately. Financial assistance funds are limited and may not be available to all admitted students. To make our financial assistance award decisions, we use information provided by FACTS, as a baseline for our own additional review. We take into consideration our total financial aid budget; other information we may have collected; our school's policies and priorities and the needs of our entire applicant pool. You can link to Financial Assistance Services at TrinityAcademy.com, Admissions, Financial Assistance.