



Trinity

Episcopal School

APPLICATION FOR ADMISSION

This application for admission to Trinity Episcopal School is made on behalf of:

Last First Middle Preferred Name

A recent photograph and a non-refundable application fee of \$100 should accompany this form.

Grade for which candidate is applying _____ August of year _____

Candidate's Social Security # _____

Candidate's date of birth _____ Male _____ Female _____

Signature (of parent or guardian)

Home address

City State Zip

Phone (Home) (_____) _____

Date of this application _____

Do you intend to apply for financial assistance? _____ Yes _____ No

THE APPLICANT'S FAMILY

Applicant lives with (check all that apply)

Father Stepfather Other _____
 Mother Stepmother Other _____

Check any that apply: Applicant's
 Father is deceased Parents are divorced
 Mother is deceased Parents are separated

Is applicant adopted? Yes No If yes, at what age? _____ Does he/she know? Yes No

Ethnic origin: (optional)

African American Asian American Caucasian
 East Indian Hispanic/Latino Native American
 Pacific Islander
Other _____

FATHER'S INFORMATION

Full Name _____
LAST FIRST MIDDLE PREFERRED NAME PHONE

Address _____
STREET CITY STATE ZIP CELL PHONE

Religion _____ Place of Worship _____ E-mail _____

Place of Employment _____ Title _____

Business Address _____ Zip _____ Phone _____

MOTHER'S INFORMATION

Full Name _____
LAST FIRST MIDDLE PREFERRED NAME PHONE

Mrs.

Address _____
STREET CITY STATE ZIP CELL PHONE

Miss

Religion _____ Place of Worship _____ E-mail _____

Ms.

Place of Employment _____ Title _____

Business Address _____ Zip _____ Phone _____

STEP-PARENT/GUARDIAN INFORMATION

Full Name _____
LAST FIRST MIDDLE PREFERRED NAME PHONE

Mr.

Address _____
STREET CITY STATE ZIP CELL PHONE

Mrs.

Religion _____ Place of Worship _____ E-mail _____

Miss

Place of Employment _____ Title _____

Ms.

Business Address _____ Zip _____ Phone _____

Please list all children in your family, including applicant, in order of birth. Check all that live with this applicant.

_____ / ____ / _____
NAME SEX BIRTH DATE PRESENT GRADE/SCHOOL ATTENDING

_____ / ____ / _____
NAME SEX BIRTH DATE PRESENT GRADE/SCHOOL ATTENDING

_____ / ____ / _____
NAME SEX BIRTH DATE PRESENT GRADE/SCHOOL ATTENDING

In what way, if any, has a member of the applicant's family been previously associated with Trinity?

Please state your reasons for wishing to enroll your child in Trinity Episcopal School. _____

School applicant is attending or last attended _____

	NAME	SCHOOL DISTRICT	
ADDRESS	CITY	STATE	ZIP

PRINCIPAL OR HEAD _____ PHONE _____

Other schools attended:

Name of School	Location	Grades	Dates

MEDICAL HISTORY

Please describe any illnesses, diseases or physical disabilities which either have affected or may affect your child's general health, schoolwork or participation in athletics.

Have any behavioral, psychological or educational evaluations of your child been done?
___ Yes ___ No If yes, when and by whom? _____
(We may request from you a copy of the report)

Applicant has a diagnosed learning difference ___ Yes ___ No Diagnosed by _____
Please describe _____

Has outside support been recommended for this applicant? Please describe _____

Please staple photo here.

All information and materials gathered during the admissions process will be kept strictly confidential and are the sole property of Trinity Episcopal School.

7-02

Trinity Episcopal School admits students of any race, color, religious, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, religion, national and ethnic origin in administration of its educational policies, admissions policies, financial aid programs, and athletic and other school-administered programs.