

### EMERGENCY CONTACT AND MEDICAL INFORMATION

I give the school permission to release my child to the care of these individuals in the event of an emergency. They can also be called to pick up my child due to sickness, injury or belated afterschool pick up if I cannot be reached. PHONE NUMBERS MUST BE LISTED.

NAME/RELATION	HOME	WORK	CELL

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

List medications/foods to which your child is allergic; allergies the child has; chronic conditions or considerations of which the school staff should be aware; or any physical, mental or emotional conditions which would limit his/her participation in an/all activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List medications that your child is currently taking:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of student's physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

I agree it is my responsibility to keep my child's records current and contact the office with any changes in telephone numbers, work location, my child's health status and name of physician.

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

### SIBLING INFORMATION

NAME	AGE	GRADE	SCHOOL ATTENDING

YES  NO Do you consider your home a Christian home?

YES  NO I give permission for my child to go on field trips. I release The Trinity School and individuals from liability in case of an accident during activities related to The Trinity School, as long as normal safety procedures have been taken.

Signature \_\_\_\_\_

YES  NO We enjoy taking pictures of the children during classroom activities and displaying them in the newspaper, school bulletin board, school related brochures, yearbook, the school and church websites, and Facebook. I give The Trinity School permission to do so.

Signature \_\_\_\_\_

Cultivating creative learning within a caring, Christ-centered environment

# THE TRINITY SCHOOL

814 West Avenue Cartersville, GA 30120

770-386-7479 770-606-9942 (fax)

www.thetrinityschool.net

## 2017-2018 APPLICATION FOR ADMISSION

Student _____
Preferred Name _____
Age as of 9/1/2017 _____

REGISTRATION FEES (NON-REFUNDABLE)		ACADEMIC FEES (Due by 7/1/17 or at time of enrollment)	
First	\$200	Kindergarten-Middle	\$400
Student		4 Year Pre-K	\$200
Sibling	\$150	Preschool (2-3 year-olds)	\$100
This application will not be processed until the registration fee is paid in full.		Academic fees are non refundable after first day of school.	

### PRESCHOOL

- 2 Year Old
- 3 Year Old
- 4 Year Old

	Before 5th of each month	After 5th of each month
<input type="checkbox"/> 2 half days (TTh)	\$192/month	\$227/month
<input type="checkbox"/> 2 full days (TTh)	\$257/month	\$292/month
<input type="checkbox"/> 3 half days (MWF)	\$235/month	\$270/month
<input type="checkbox"/> 3 full days (MWF)	\$337/month	\$372/month
<input type="checkbox"/> 4 half days TWThF)	\$270/month	\$305/month
<input type="checkbox"/> 4 full days (TWThF)	\$365/month	\$400/month
<input type="checkbox"/> 5 half days	\$320/month	\$355/month
<input type="checkbox"/> 5 full days	\$398/month	\$433/month

\*\*\*There will be a 3% discount if the total annual tuition is paid in full no later than August 1, 2017, or at the time of enrollment.

### ELEMENTARY

- Kindergarten
- Pre-First
- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade

- \$5600 annual  
(due 8/1/2017)
- \$2930 semi-annual  
(due 8/1/2017 and 1/8/2018)
- \$600 monthly  
(due by 5th of each month August-May)

### CYBER ACADEMY

- Sixth Grade
- Seventh Grade
- Eighth Grade
- High School

- \$6200 annual  
(due 8/1/2017)
- \$3180 semi-annual  
(due 8/1/2017 and 1/5/2018)
- \$650 monthly  
(due by 5th of each month August-May)

Special needs students with an IEP will be considered for placement. A differentiated tuition rate will be charged for all students with an active IEP to cover the additional costs required to educate them. Tuition for these students in grades K-8 is \$12,500 annually.

Late fee for all students—\$ 35

Office use only

Registration \$ \_\_\_\_\_ date \_\_\_\_\_ Academic \$ \_\_\_\_\_ date \_\_\_\_\_ TR \_\_\_\_\_

Please complete all the information requested. Please PRINT.

### FAMILY INFORMATION

Student's mother and father are:  Married  Separated  Divorced  Other

If separated or divorced, who has legal custody? \_\_\_\_\_

Are there any special circumstances that the school should be aware of? \_\_\_\_\_

*All correspondence about this student will be sent to the custodial parent's or student's address. If you prefer that another address be used or wish for a non-custodial parent to receive correspondence, please call the office.*

#### FATHER/GUARDIAN

Name		
Address		
City		
State	Zip	
Home Phone ( )		
Cell Phone ( )		
Occupation		
Name of Firm		
Business Address		
City	State	Zip
Business Phone ( )		
Email		
Does student reside at this residence?		

#### MOTHER/GUARDIAN

Name		
Address		
City		
State	Zip	
Home Phone ( )		
Cell Phone ( )		
Occupation		
Name of Firm		
Business Address		
City	State	Zip
Business Phone ( )		
Email		
Does student reside at this residence?		

### FAMILY COMMITMENT

- We agree to cooperate fully with The Trinity School and to abide by its standards and guidelines. We agree to support the policies and procedures set forth in the Student Handbook.
- We agree to pay fees according to the financial schedule.
- We hereby invest authority in the school to discipline (non-corporal) our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed.
- We agree that if a problem situation arises, we should, in no case, complain to other people not directly related to the problem, but with Christian love and prayer will register our concerns with the appropriate staff member.
- As parents and guardians, we agree to work closely with the school in helping the students to learn and to solve their school related problems.
- We will give our cooperation through: practical volunteering help throughout the year; prompt tuition and fee payments; and faithful prayer.
- We respect the school's right to dismiss any student who does not: respect and observe spiritual and/or behavioral standards and cooperate in its educational goals.
- We respect the school's right to dismiss any student whose parent(s)/guardian(s) as part of the essential contributing body, is not in cooperation with The Trinity School's spiritual or educational goals.
- We understand that The Trinity School is a non-profit ministry operating on the principles of faith. Tuition is kept as affordable as possible to make Christian education available to those who desire it for their children. Therefore, participation in fundraising events is essential. Additional funds and gifts from our parents, grandparents, foundations and corporations are encouraged to supplement and compliment the budget.
- We, as parents, agree to oversee homework assignments and their completion, check folders and/or book bags for communications from the school or staff.

We have read and agree with this commitment.

Father/Guardian \_\_\_\_\_  
 Mother/Guardian \_\_\_\_\_

### STUDENT INFORMATION

Full Name			
Name Student Uses	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth	Place of Birth		
Student's Address (if different from custodial parent)			
City	State	Zip	Home Phone ( )
Student's Social Security Number			
Ethnic origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Other			
Has this student ever attended The Trinity School?	When?		
What public school system does this student currently reside in? <input type="checkbox"/> Cartersville City <input type="checkbox"/> Bartow County <input type="checkbox"/> Other			

### EDUCATIONAL BACKGROUND

Current School Name		
Address		
City	State	Zip
Previous School Name		
Address		
City	State	Zip
Has this student ever been evaluated or referred for evaluation for learning difficulties, behavioral disorder, Chapter 1, or school adjustment problems by a school official, psychologist, or other professional? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please give details, or attach a copy of the evaluation.		

Why do you want your child to attend The Trinity School, and what expectations do you have?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about The Trinity School? \_\_\_\_\_