

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)  
 info@thetrinityschool.net

## 2016-2017 APPLICATION FOR ADMISSION

Student
Preferred Name
Age as of 9/1/2016

Registration and academic fees are due annually

REGISTRATION FEES (NON-REFUNDABLE)	ACADEMIC FEES (Due by 7/1/16 or at time of enrollment)
First Student <b>\$200</b>	Kindergarten-Middle <b>\$400</b>
Sibling <b>\$150</b>	4 Year Pre-K <b>\$200</b>
	Preschool (2-3 Year Olds) <b>\$100</b>

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)	<b>\$179/month</b>	<b>\$229/month</b>
<input type="checkbox"/> 2 full days (TTh)	<b>\$240/month</b>	<b>\$290/month</b>
<input type="checkbox"/> 3 half days (MWF)	<b>\$220/month</b>	<b>\$270/month</b>
<input type="checkbox"/> 3 full days (MWF)	<b>\$315/month</b>	<b>\$365/month</b>
<input type="checkbox"/> 4 half days TWThF)	<b>\$252/month</b>	<b>\$302/month</b>
<input type="checkbox"/> 4 full days (TWThF)	<b>\$341/month</b>	<b>\$391/month</b>
<input type="checkbox"/> 5 half days	<b>\$299/month</b>	<b>\$349/month</b>
<input type="checkbox"/> 5 full days	<b>\$372/month</b>	<b>\$422/month</b>

\*\*\*There will be a 3% discount if the total annual tuition is paid in full no later than August 1, 2016, or at the time of enrollment.

### ELEMENTARY

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

- \$5200 annual**  
(due 8/1/2016)
- \$2730 semi annual**  
(due 8/1/2016 and 1/8/2017)
- \$560 monthly**  
(due by 5th of each month August-May)
- \$610 monthly**  
(if paid after 5th of each month August-May)

### CYBER ACADEMY

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

- \$5800 annual**  
(due 8/1/2016)
- \$3045 semi annual**  
(due 8/1/2016 and 1/5/2017)
- \$630 monthly**  
(due by 5th of each month August-May)
- \$680 monthly**  
(if paid after 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.

*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

Name		
Address		
City		
State	Zip	
Home Phone (     )		
Cell Phone (     )		
Occupation		
Name of Firm		
Business Address		
City	State	Zip
Business Phone (     )		
Email		
Trinity UMC member?		

#### MOTHER

Name		
Address		
City		
State	Zip	
Home Phone (     )		
Cell Phone (     )		
Occupation		
Name of Firm		
Business Address		
City	State	Zip
Business Phone (     )		
Email		
Trinity UMC member?		

### FAMILY COMMITMENT

1. 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.
2. We agree to pay fees according to the financial schedule.
3. 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.
4. 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.
5. 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.
6. We will give our cooperation through: practical volunteering help throughout the year; prompt tuition and fee payments; and faithful prayer.
7. 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.
8. We respect the school's right to dismiss any student whose parent(s), as part of the essential contributing body, is not in cooperation with The Trinity School's spiritual or educational goals.
9. 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.
10. We, as parents, agree to oversee homework assignments and their completion, check folders and/or bookbags for communications from the school or staff.

**We have read and agree with this commitment.**

**Father** \_\_\_\_\_ **Mother** \_\_\_\_\_

### 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
<p>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.</p> <hr/> <hr/> <hr/>		

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

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How did you hear about The Trinity School?

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**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.

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 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. These medications along with detailed dosage instructions should be given to your child's teacher for administration.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*The Trinity School is a PEANUT FREE ENVIRONMENT\*\*\***

YES    NO   Is your child allergic to peanuts or nuts of any kind?

**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 and the school website, etc. I give The Trinity School permission to do so.

Signature \_\_\_\_\_

