

The Trinity School

Application

Student Name: _____ DOB: _____

Home address: _____ Home phone: _____

Mother's Name: _____ Mother's Cell: _____

Mother's Employer: _____

Father's Name: _____ Father's Cell: _____

Father's Employer: _____

Student lives with: Mother Father Both Parents (Circle One)

Last School Attended: _____ Grade: _____

Allergies: _____

Learning Challenges: _____

EMERGENCY CONTACT:

Name: _____ Cell Number: _____

Relationship: _____

AUTHORIZED TO PICK UP STUDENT:

Name: _____ DL# _____

Relationship: _____

Name: _____ DL# _____

Relationship: _____

HOW DID YOU HEAR ABOUT THE TRINITY SCHOOL?

Mom and or Dad's email for billing: