



**APPLICATION FOR ADMISSION
K-8 CHARTER SCHOOL PROGRAM**

1.) Applying for School Year: _____ This Application is good for One School Year.

You must complete a separate application for each student applying.

2.) In accordance with Florida Statue 1002.33(20)(c), student transportation is provided by Parent or Guardian.

Initial

3.) Student Information:

First Name: _____ Last Name: _____

DOB: _____

Optional (*not required*)

Race: American Indian or Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian / Pacific Islander White Other

Gender: Female Male

4.) Current School Information:

Current Grade Level: 4 Year Old Kindergarten First Second Third Fourth
 Fifth Sixth Seventh Eighth

Target Grade Level: Kindergarten First Second Third Fourth
 Fifth Sixth Seventh Eighth

Name of School: _____

Address: _____

Street

City, State

Zip Code

Phone Number: _____

Trinity School for Children shall not discriminate against any prospective student on the basis of race, color, religion, sex, national origin, disability, or any other protected status.

PARENT / GUARDIAN INFORMATION

1.) Name: _____

Address: _____
Street

_____ Zip Code
City, State

Child lives at this address

Home Phone: _____ Cell Phone: _____

Email: _____

2.) Employment: _____
Occupation

_____ Work Phone
Employer

3.) Relationship to Student: Natural Parent Legal Guardian Step-Parent Other

1.) Name: _____

Address: _____
Street

_____ Zip Code
City, State

Child lives at this address

Home Phone: _____ Cell Phone: _____

Email: _____

2.) Employment: _____
Occupation

_____ Work Phone
Employer

3.) Relationship to Student: Natural Parent Legal Guardian Step-Parent Other

FAMILY INFORMATION

1.) Sibling Information:

Name: _____

Gender: Male Female DOB: _____ Present Grade: _____

School currently attending: _____

Name: _____

Gender: Male Female DOB: _____ Present Grade: _____

School currently attending: _____

2.) Expectations: What expectations do you have for your child's educational experience at Trinity School for Children?

3.) How did you hear about us? Family Member of Current Student _____

Trinity School for Children Staff _____

Acquaintance _____

Advertisement Internet Other

Signature of Parent/Guardian

Date

Please address all correspondence to:

Trinity School for Children
2402 W. Osborne Avenue Tampa, Florida 33603
(813) 874-2402
Email: admissions@trinitysfc.com
Website: trinitysfc.org