



TRINITY
SCHOOL FOR CHILDREN
O'DEA CENTER
FOR EARLY CHILDHOOD DEVELOPMENT

Application for Admission into Early Childhood Program

1.) Applying for School Year: Please circle school year.

2017-2018

2018 – 2019

2019 – 2020

2.) Student Information:

First Name: _____ Last Name: _____

Nickname: _____

DOB: _____ Due Date: _____

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

Gender: Female Male

Requested Start Date: _____ Program: _____

3.) Current School Information:

Current Grade Level: Infants 1 Year Old 2 Year Old 3 Year Old 4 Year Old

Target Grade Level: Infants 1 Year Old 2 Year Old 3 Year Old 4 Year Old

Name of School: _____

Address: _____

Street

City, State

Zip code

Phone Number: _____

4.) Child Development:

My child has repeated a year in preschool.

My child has been screened for developmental issues.

My child has an IEP or 504.

My child has a medical diagnosis/concern.

If you checked any of the boxes above, please give an explanation below.

Note: This information is not used to determine admission to the program.

Parent/Guardian Information

1.) Name: _____

Address: _____

Street

City, State

Zip code

Child lives at this address

Home Phone: _____ Cell Phone: _____

Email: _____

2.) Employment: _____

Occupation

Employer

Work Phone

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

4.) Marital Status: Married Not Married Separated Divorced Widowed N/A

5.) Additional Languages spoken at home: _____

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Address: _____

Street

City, State

Zip code

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

4.) Marital Status: Married Not Married Separated Divorced Widowed N/A

5.) Additional Languages spoken at home: _____

Additional 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 Trinity School for Children Staff
 Acquaintance Advertisement Internet Other**

Name of Referral: _____

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