



**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

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

\_\_\_\_\_  
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

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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

## 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: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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- 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 or Fax (813) 874-2412  
Email: admissions@trinitysfc.com  
Website: trinitysfc.org