



Application for Admission into K - 8 Charter School Program

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

You must complete a separate application for each student applying.

2.) Student Information:

First Name: _____ Last Name: _____
DOB: _____ SSN: _____

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

3.) 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: _____

4.) Child Development: *(This information is not used to determine admission)*

- My child has repeated a year in school
- My child has been screened for developmental issues
- My child has an IEP, 504 or EP
- My child has a medical diagnosis/concern

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

Complete Parent/Guardian Information as Needed

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

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

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

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.

Additional Information: _____
