



**TRINITY  
CHRISTIAN  
ACADEMY**

*Teaching the Art of Learning*

# **PRESCHOOL AND KINDERGARTEN STUDENT APPLICATION**

**Please fill out one application for each applicant.  
Please print clearly.**

*Please provide a current picture, if available.*

1. Name of Child Applying for Admission: Preferred name Date of Sex Grade  
Full Legal Name or Nickname Birth (M/F) Entering

***If applying for Kindergarten, please indicate: AM for morning, PM for afternoon, FD for full day, or  
TK for Transitional Kindergarten.  
If applying for Preschool, please indicate 2-day morning or 3-day morning.***

Applying for admittance: Fall (indicate year) \_\_\_\_\_ Other (indicate date) \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Living Situation and Citizenship Status:

Child lives with (check all that apply)

- |                                                                                                                  |                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Father and Mother<br><input type="checkbox"/> Father<br><input type="checkbox"/> Mother | <input type="checkbox"/> Stepfather<br><input type="checkbox"/> Stepmother<br><input type="checkbox"/> Legal Guardian. Relationship to child: _____ |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|

Check any that apply: Child's

- |                                                                                                                                                    |                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Parents are married.<br><input type="checkbox"/> Parents are divorced.<br><input type="checkbox"/> Parents are separated. | <input type="checkbox"/> Father is deceased.<br><input type="checkbox"/> Mother is deceased.<br><input type="checkbox"/> Child's legal custodian is _____ |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
- Other: \_\_\_\_\_

Upon acceptance, parents who are not married or who are the child's legal guardian, will be asked to supply a copy of the Custodial Agreement.

Applicant is a United States citizen:  Yes  No

3. Please list any schools your child has previously attended beginning with the most recent. Please include the full address of each school.

School Name	Address City, State, Zip	Phone Number	Dates: From/To	Grade(s) Completed

1. Describe your child's strengths and abilities, special areas of interest and any concerns you might have.

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*Trinity Christian Academy is not staffed to handle students with serious learning disabilities, physical limitations, behavioral/social/emotional troubles or significant deficiencies in academic performance. To help us determine if Trinity is a beneficial educational environment for your child, we appreciate your assistance by answering the following questions as candidly as possible.*

2. Has your child ever been referred for testing or been placed in a special program for remediation or enrichment?

Yes  No If yes, please explain.

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3. Please describe any physical disabilities or limitations (hearing, vision, asthma, allergy, speech impairments, etc.) and any serious illnesses, diseases, injuries, or hospitalizations your child has.

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4. Does the child regularly take any prescription medication?  Yes  No If yes, please explain.

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*Notice of Non-Discrimination*

*Trinity Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, financial aid programs, and other school-administered programs.*

