

Enrollment Application (New Student) 2018-2019



ADMISSION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE REGISTRATION FEE ACCOMPANYING IT.

Date Received Registration Fee & Application: _____

SMART Enrollment: MUST BE IN SYSTEM BY JULY 1

SUBMITTED FORM

Health Records: MUST BE IN BY DAY SCHOOL STARTS

Most current records on file in school office

My child has a doctor appointment this summer

I will provide the health records before school starts.

Birth Certificate:

A photocopy of child's birth certificate is required to accompany every student's records. If you haven't submitted one, please do so.

Student's Full Name: _____

Name To Be Used At School: _____

Date of Birth: ____/____/____ Age: _____

Gender: Male Female

Grade Applying For (all new students must be tested before final placement is determined):

<input type="checkbox"/> 2-Day Preschool (3yrs)/Tue & Thur	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth
<input type="checkbox"/> 3-Day Preschool (4yrs)/M,W,F mornings	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh
<input type="checkbox"/> 5-Day Preschool (4-5yrs)/afternoons	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth

Do you have other children in your family?

	<i>Age</i>		<i>Age</i>
	<i>Age</i>		<i>Age</i>

If the information provided below is a duplicate of another enrolled dependent, please specify by filling out the parent names and putting a line through the other cells:

Student Info	Street or P.O. Box:	
	City / State / Zip:	
	Home Telephone:	
	Child lives with:	Both Parents___ Mother___ Father___ Other_____

Parent Info	Mother	Father
Name:		
Street or P.O.:		
City / State / Zip:		
Work Phone:		
Cell Phone:		
Email Address:		
Employee:		

Emergency Contact Info	Emergency Contact #1	Emergency Contact #2
Name:		
Street or P.O.:		
City / State /Zip:		
Work Phone:		
Cell Phone:		
Relation to Child		

Please list TWO people (other than the students' parents) who live locally and can be called in an emergency. We will make every effort to contact parents first.

Transportation	Will your child be picked up by car?	Yes	No
	If yes, please list all drivers who are authorized to pick up your child outside of emergency contact:		

BEFORE & AFTER CARE: Will your child be enrolled in the program? Yes No

If Yes, mark all that apply: Before Care After Care WeeCare

Church Background	
Church Name:	
Church Address:	
Pastor:	
	Has your child been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Health Information	
Child's Doctor:	
Clinic Address:	
Clinic Phone #:	
	Does your child have any health problems, allergies, or physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:

Required for the NH Department of Education General Report of Nonpublic Schools 2017-2018

Circle the one category that describes the race/gender of the student on this application:

White Non-Hispanic		Black Non-Hispanic		Hispanic		Asian		American Indian Alaskan Native	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

How Did You Hear About TCS?	Newspaper Ad: <input type="radio"/> Sentinel <input type="radio"/> Shopper		Website	Radio	Re-Enrolling
	Signage	Word of Mouth	TV	Referred By: _____	

Photo Consent

Many photos are taken of Trinity students during the school year for use in items such as the school newsletter, the Principal's Board of Excellence, school publicity items, the school yearbook, etc. It is only with parents' permission that we will use your child's photograph for any of these items.

Please check the following box that accurately expresses your desire:

I give Trinity Christian School permission to photograph my child for the uses stated above.

I do NOT give permission for Trinity Christian School to photograph my child(ren) for the uses stated above.

Parent Signature:

Date:

New Student:

**Please complete the following profile so that we may better understand your child and his/her background.
Feel free to attach an extra sheet if you need additional room.**

Child's Profile:

1. Last School Attended (Name, address, and phone number):

2. Last Grade Completed:

3. What do you feel are your child's academic strengths?

4. Please describe your child's special interests and/or gifts:

5. Under what circumstances does your child learn best?

6. Does your child have any academic and/or disciplinary difficulties? Yes No

If yes, please explain:

7. Has your child had an individual evaluation for speech/language, academic, behavioral, or social/emotional needs? Yes No

If yes, please explain:

8. Has your child repeated a grade? Yes No If yes, which grade? _____

9. Please list the ages of any siblings:

10. Please share any additional information that would be beneficial in serving your child:
