



Enrollment Application 2021-2022

Student's Full Name: _____

Name To Be Used At School: _____

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

Gender: Male Female

***Office needs previous report card & Standardized testing results before we schedule placing.**

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

Date Received Registration Fee (\$175.00) & Application:

Middle School Technology Fee (Grades 6-8): \$100.00:

SMART Enrollment: MUST BE IN SYSTEM BY JULY 1, 2021

Smart Enrollment Completed

Health Records: MUST BE TURNED INTO OFFICE BY Aug. 26, 2021

Most Current Records on file in school office

My child has a doctor's appointment this summer

I will provide the health records before school starts if record is not transferred from previous school.

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.

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

- | | | | |
|--|---------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> 2-Day Preschool (3yrs/Tue & Thursday) | <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>Name</i>	<i>Age</i>	<i>Name</i>	<i>Age</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Name</i>	<i>Age</i>	<i>Name</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:	<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (<i>Specify</i>)

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

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

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

Transportation	Will your child be picked up by car? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please list all drivers who are authorized to pick up your child outside of emergency contact:
	Name: _____ Name: _____
	Name: _____ Name: _____

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

Health Information	
Childs 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:

Before & After Care	
	Will your child be enrolled in the Before or After Care Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, check all that apply: <input type="checkbox"/> Before Care <input type="checkbox"/> After Care <input type="checkbox"/> WeeCare

How did you hear about TCS	Newspaper Ad: <input type="checkbox"/> Sentinel <input type="checkbox"/> Shopper		Website	Radio	Re-Enrolling
	Signage	Word of Mouth	TV	Referred by:	

Photo Consent
<p>Many photos are taken of Trinity Christian School students during the school year for use in items such as the school newsletter, 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.</p> <p><i>Please check the following box that accurately expresses your desire:</i></p> <p><input type="checkbox"/> I give Trinity Christian School permission to photograph my child(ren) for the uses stated above for the 2021-2022 school year.</p> <p><input type="checkbox"/> I do NOT give permission for Trinity Christian School to photograph my child(ren) for the uses stated above.</p> <p>Parent Signature: _____ Date: _____</p>

Required for the NH Department of Education General Report of Nonpublic Schools 2021-2022

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

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS:

Trinity Christian School does not discriminate on the basis of race, color, ancestry, religion, national and ethnic origin, gender, or disability, in the administration of its admissions and educational policies and financial aid program.

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:



New Student

Grades 5-8

Student-Completed Questionnaire

Student's Full Name: _____

Name To Be Used At School: _____

Please have your 5th – 8th grade applicant complete answers to the following questions. You may discuss the questions with your child, but please have him/her compose and handwrite the answers independently.

A short paragraph is sufficient for each. Separate paper may be attached.

1. What are your special interests, hobbies, and achievements?

2. Why do you wish to attend Trinity Christian School?

3. *(Optional)* Please write any other information you would like to tell us about yourself.