

STUDENT APPLICATION

*Please print and use black ink when completing this form.
Incomplete applications cannot be considered for enrollment.*

Trinity Christian School

180 Park Avenue, Windsor, CT 06095

Main Office: (860) 688-2008 / Ext. 135

FAX: (860) 687-9737

Admissions Coordinator ~ Mrs. Lucille Felgate

E-mail: lfelgate.tcs@comcast.net

WEBSITE: www.trinitychristianschools.org

Student's Social Security Number: _____

Date of Birth: ____/____/____

Student's full legal name: _____ **Ethnicity:** _____
(Last) (First) (Middle)

Father/Guardian _____ **Mother/Guardian** _____
(Last) (First) (Last) (First)

Student resides with: _____ Relationship: _____ Are there special child custody provisions? Yes* No
If yes, appropriate legal documentation is required.

Is this child a U.S. citizen? Yes No If no, give I-95, Passport number or Immigration number: _____

1. In what activities is the child involved?

2. Has this child repeated a grade: No Yes (If yes, which Grade? _____)

3. List all previous schools attended:

Name of School	Complete Address	Grade	Year(s)

4. Is there any significant history in the pregnancy or delivery of your child? No Yes
(This information can alert us to developmental factors.)

If yes, please explain _____

5. Has applicant ever been suspended, expelled, or asked to withdraw from any school? If so, please explain in detail
(name of school and why).

6. Please state why you would like your child to attend TCS?

I/we have read and agree to the policies of Trinity Christian School and will comply accordingly:

Signed: _____ **Date:** _____
(Mother/Guardian)

Signed: _____ **Date:** _____
(Father/Guardian)

“Train up a child in the way he should go
and when he is old he will not depart from it.”
Proverbs 22:6