

# Trinity Prep School

## New Enrollment Packet



### STUDENT INFORMATION

Date \_\_\_\_\_

STUDENT'S LEGAL NAME \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Birth date / / Current Age \_\_\_\_\_ Grade Applying for \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State zip county

Home Phone Number \_\_\_\_\_ School last attended: \_\_\_\_\_  
School City State

### FAMILY INFORMATION (Please Circle)

Father/Step Father \_\_\_\_\_  
Name Employer Occupation

Employer Address/phone number Cell Phone Number email address (please print)

Home Address (if different than student) Home Phone Number

Mother/Step Mother \_\_\_\_\_  
Name Employer Occupation

Employer Address/phone number Cell Phone Number email address (please print)

Home Address (if different than student) Home Phone Number

Marital Status:  Married  Divorced  Separated  Remarried  Spouse Deceased  Single

Student resides with:  Both Parents  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

*In case of divorce or separation, please complete the following questions (if custody is involved documentation MUST be provided)*

Legal Custody:  Joint  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

Correspondence should be sent to:  Mother  Father  Guardian  Other (specify) \_\_\_\_\_

Financial Responsibility will be assumed by: \_\_\_\_\_ Social Security # \_\_\_\_\_

Other children in the family currently enrolled or applying to TPS:

- | Name     | Grade Applying for |
|----------|--------------------|
| 1. _____ | _____              |
| 2. _____ | _____              |
| 3. _____ | _____              |

## GENERAL INFORMATION

1. Has the applicant ever repeated a grade? Yes No If "yes", what grade and explain:
2. Has the applicant ever had any discipline or emotional problems, or been suspended, expelled or withdrawn from school? Yes No Or, Is there any reason the applicant cannot go back to the school last attended? Yes No If "yes", to either question explain below:
3. Has the applicant been tested for or diagnosed with any learning disabilities or ADD or ADHD? Yes No  
Does the applicant have a current IEP, 504 Plan, or Formal Plan? Yes No If "yes", explain, *PLEASE PROVIDE PLAN/DOCUMENTATION FOR STUDENT FILE*

*The information provided by me in this application is to the best of my knowledge complete, accurate, and true I agree to abide by the school's policies, procedures, and requirements contained in the Parent-Student Handbook. I understand that the Registration fee is **non-refundable**.*

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<i>*Parent's / Guardian's Signature</i>	Relationship to Applicant	Date
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### **Student Support Lab (add \$200/mth)**

Success Through Academic Resourcing is for students who need individual specialized instruction. Students with identified learning disabilities can be serviced through this program for an additional fee. Please see the tuition and fee schedule.

## TUITION AGREEMENT

**Tuition is due the the 1st of each month, and late after the 5th (add \$60 late fee). The following are Trinity's payment options for tuition:**

- \_\_\_\_\_ **Option No. 1:** 10 monthly payments on the 1<sup>st</sup> of each month beginning August and ending May.  
\_\_\_\_\_ **Option No. 2:** 12 monthly payments on the 1<sup>st</sup> of each month beginning June and ending May.  
\_\_\_\_\_ **Option No. 3:** Bi Annual payment – ½ payment by July 1, ½ payment January 5 (Apply 4% total discount)  
\_\_\_\_\_ **Option No. 4:** Annual Pre payment – one payment in full by July 1<sup>st</sup> (Apply 8% discount)

I/we understand that this is a monthly commitment and if I need to withdraw my child for any reason, I must submit a letter of notice at least 30 days before my child's last day otherwise I am responsible for the following month's tuition. This applies to all accounts, including installment payment plans and tuition paid in full. I also must update this form as needed.

No school records (academic and/or health), report cards, or diplomas will be released when there is an outstanding balance on the student's account.

**Fundraisers:** The school receives no church assistance, federal, state, or local funding. Fundraisers are a necessary part of the financial advancement of Trinity Prep School. All families are strongly encouraged to participate in our fund raising projects.

We have read and understand this **Tuition Agreement**.

*\*Signature of Parents / Guardians of Record (both parents' sign):*

Father (Guardian) \_\_\_\_\_ Mother (Guardian) \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACTS**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

**PEOPLE AUTHORIZED TO PICK UP MY CHILD**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any custody situations that we should be made aware of? Yes \_\_\_ No \_\_\_  
If yes, explain below (*In case of divorce or separation documentation MUST be provided if custody is involved*)

**\*Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Medical Authorization**

I hereby authorize Trinity Prep School to secure such medical attention and care for my child \_\_\_\_\_ that may be necessary, should he/she suffer an accident, injury, or illness while in their care. This is provided that Trinity Prep School has attempted to contact me and could not reach me immediately. I (we) will keep Trinity Prep School informed of any and all changes in emergency telephone numbers for both home and work. Trinity Prep agrees to keep me informed of any and all incidents that may require professional medical attention for my child.

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Person Insured: \_\_\_\_\_

**\*Parent or Legal Guardian's Signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## ALLERGIES

My child has the following **ALLERGIES**:

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Are there any **MEDICAL** situations that we should be made aware of? Yes \_\_\_ No \_\_\_

If yes, explain below:

**Internet Access:** \_\_\_ **I DO** \_\_\_ **I DO NOT** give my child permission to have school-supervised internet access. All TPS students have access to the internet through school-supervised computer usage or their personal acceptable devices. **Initial** \_\_\_\_\_

**Student Photo Release for School Promotions:** \_\_\_ **I DO** \_\_\_ **I DO NOT** give permission for my child's name and/or photo to appear in school publications. Occasionally students are filmed and/or photographed to document school activities. These photos may be used for school promotions and publications. **Initial** \_\_\_\_\_

### **Medical Release:**

If needed, I authorize the Trinity Prep School office to administer the following medication as requested by my student, not to exceed the recommended dosage.

\_\_\_ Yes \_\_\_ No Acetaminophen/ Ibuprofen (whichever the office has on hand)

By signing this section, you are authorizing the distribution of these over the counter medications for minor pain. Trinity will still call to make you aware of medicine being distributed to your child.

**\*Parent/Legal Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### **TPS POLICY AND ADMISSION AGREEMENTS:**

By signing below, I state that I have read and understand the following documents *and* agree to adhere to and abide by the policies, procedures and expectations listed therein. Further, I understand that all TPS policies and activities are governed by TPS and that my student is accountable to the policies in the Student Handbook, [www.trinityprep.net](http://www.trinityprep.net)

**\*Parent/Legal Guardian Signature:** \_\_\_\_\_ Date \_\_\_\_\_

### **STUDENT COVENANT (REQUIRED FOR STUDENTS GRADES 6-12 ONLY):**

I understand that I am accountable to the expectations listed in the Student Handbook and I agree to conduct myself, in behavior and attitude, in a positive and appropriate manner. I have read the middle/high handbook located [www.trinityprep.net](http://www.trinityprep.net)

**\*Student Signature** (6-12 grade students only): \_\_\_\_\_ Date: \_\_\_\_\_

# Trinity Prep School

2213 Commerce Dr, Loganville, GA 30052  
Phone: 770-466-0057 Fax: 678-585-1538  
Visit us at [www.trinityprep.net](http://www.trinityprep.net)

## Authorization of Release of Educational Records

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ (current)

*In accordance with the Family Education and Privacy Act of 1974, I consent to the release of all educational records to Trinity Prep School. I further agree for any other information requested to be released to Trinity Prep School concerning the named student.*

The above student has applied for admission to Trinity Prep School. I hereby authorize  
\_\_\_\_\_ (current school attending) to release records to Trinity Prep.

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Thank you for promptly sending the following:

1. Complete transcript, latest report card
2. Standardized test results
3. I.E.P Documents/Educational Evaluation
4. Health records and Georgia Certificate of Immunization
5. Copy of SS Card/#
6. Authority for enrollment (Copy of Birth Certificate/Custody Papers, etc....)
7. Disciplinary records

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_