



**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 Has the applicant ever had any discipline or emotional problems, been suspended, expelled or withdrawn from school?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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**\*Parent's / Guardian's Signature** Relationship to Applicant Date

**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 1st of each month, and late after the 5th (\$80 late fee). The following are Trinity's payment options for tuition: PAYMENT OPTIONS SETUP ONLINE THROUGH FACTS (PARENTSWEB)**

- \_\_\_\_\_ **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, ½ payment January (Apply 4% total discount)
- \_\_\_\_\_ **Option No. 4:** Annual Prepayment – 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 or health; 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.

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

EMAIL address (please print) \_\_\_\_\_

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

**\*Signature of Parents / Legal Guardians** of Record:

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

**EMERGENCY CONTACTS (other than mom and dad)**

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 Student 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 \_\_\_\_\_