

THE TRINITY SCHOOL

814 West Avenue Cartersville, GA 30120

770-386-7479 770-606-9942 (fax)

info@thetrinityschool.com

2011-2012 APPLICATION FOR ADMISSION

Office use only

Registration	\$	#	/ /	
Academic	\$	#	/ /	
Birth Cert			/ /	
Immunization	Exp.		/ /	
Eye/Ear/Dental (K-8)			/ /	
SS Card (K-8)			/ /	

Student
Preferred Name
Age as of 9/1/2011

PRESCHOOL

One Year Olds

<input type="checkbox"/>	2 days per week (T/Th)	\$1500/yr or \$150/mo
<input type="checkbox"/>	3 days per week (M/W/F)	\$1900/yr or \$190/mo
<input type="checkbox"/>	5 days per week (M-F)	\$2600/yr or \$260/mo

Two Year Olds

<input type="checkbox"/>	2 days per week (T/Th)	\$1500/yr or \$150/mo
<input type="checkbox"/>	3 days per week (M/W/F)	\$1900/yr or \$190/mo
<input type="checkbox"/>	5 days per week (M-F)	\$2600/yr or \$260/mo

Three Year Olds

<input type="checkbox"/>	2 days per week (T/Th)	\$1500/yr or \$150/mo
<input type="checkbox"/>	3 days per week (M/W/F)	\$1900/yr or \$190/mo
<input type="checkbox"/>	5 half days per week (M-F)	\$2600/yr or \$260/mo
<input type="checkbox"/>	5 full days per week (M-F)	\$4100/yr or \$410/mo

Four Year Olds

<input type="checkbox"/>	3 days per week (M/W/F)	\$1900/yr or \$190/mo
<input type="checkbox"/>	5 half days per week (M-F)	\$2600/yr or \$260/mo
<input type="checkbox"/>	5 full days per week (M-F)	\$4100/yr or \$410/mo

ELEMENTARY

<input type="checkbox"/>	Kindergarten	\$4950/yr or \$495/mo
<input type="checkbox"/>	First Grade	\$4950/yr or \$495/mo
<input type="checkbox"/>	Second Grade	\$4950/yr or \$495/mo
<input type="checkbox"/>	Third Grade	\$4950/yr or \$495/mo
<input type="checkbox"/>	Fourth Grade	\$4950/yr or \$495/mo
<input type="checkbox"/>	Fifth Grade	\$4950/yr or \$495/mo

MIDDLE (Cyber Academy)

<input type="checkbox"/>	Sixth Grade	\$5500/yr or \$550/mo
<input type="checkbox"/>	Seventh Grade	\$5500/yr or \$550/mo
<input type="checkbox"/>	Eighth Grade	\$5500/yr or \$550/mo

REGISTRATION FEES (NON-REFUNDABLE)

ACADEMIC FEES (Due by 7/1/11 or at time of enrollment)

Registration and academic fees are due annually

By 2/4/11 After 2/4/11

First Stu-	\$150	\$200
Sibling	\$100	\$150

Kindergarten-Middle	\$400
4 Year PreK	\$150
Preschool (2 & 3 Year Olds)	\$100

This application will not be processed until the registration fee is paid in full.

***There will be a 3% discount if the total tuition is paid in full no later than July 1, 2011, or at the time of enrollment.

Please complete all the information requested. Please PRINT.

FAMILY INFORMATION

Student's mother and father are: ____ Married ____ Separated ____ Divorced ____ Other

If separated or divorced, who has legal custody? _____

Are there any special circumstances that the school should be aware of? _____

All correspondence about this student will be sent to the custodial parent's or student's address. If you prefer that another address be used or wish for a non-custodial parent to receive correspondence, please call the office.

FATHER

Name		
Address		
City		
State	Zip	
Home Phone ()		
Cell Phone ()		
Occupation		
Name of Firm		
Business Address		
City	State	Zip
Business Phone ()		
Email		
Trinity UMC member?		

MOTHER

Name		
Address		
City		
State	Zip	
Home Phone ()		
Cell Phone ()		
Occupation		
Name of Firm		
Business Address		
City	State	Zip
Business Phone ()		
Email		
Trinity UMC member?		

FAMILY COMMITMENT

1. We agree to cooperate fully with The Trinity School and to abide by its standards and guidelines. We agree to support the policies and procedures set forth in the Student Handbook.
2. We agree to pay fees according to the financial schedule. We understand that late fees will be applied when tuition is not paid by the 5th of the month.
3. We hereby invest authority in the school to discipline (non-corporal) our child as necessary. We further agree that we will cooperate and discipline our child in the home as needed.
4. We agree that if a problem situation arises, we should, in no case, complain to other people not directly related to the problem, but with Christian love and prayer will register our concerns with the appropriate staff member.
5. As parents and guardians, we agree to work closely with the school in helping the students to learn and to solve their school related problems.
6. We will give our cooperation through: practical volunteering help throughout the year; prompt tuition and fee payments; and faithful prayer.
7. We respect the school's right to dismiss any student who does not: respect and observe spiritual and/or behavioral standards and cooperate in its educational goals.
8. We respect the school's right to dismiss any student whose parent(s), as part of the essential contributing body, is not in cooperation with The Trinity School's spiritual or educational goals.
9. We understand that The Trinity School is a non-profit ministry operating on the principles of faith. Tuition is kept as affordable as possible to make Christian education available to those who desire it for their children. Therefore, participation in fundraising events is essential. Additional funds and gifts from our parents, grandparents, foundations and corporations are encouraged to supplement and compliment the budget.
10. We, as parents, agree to oversee homework assignments and their completion, check folders and/or bookbags for communications from the school or staff.

We have read and agree with this commitment.

Father _____ **Mother** _____

EMERGENCY CONTACT AND MEDICAL INFORMATION

I give the school permission to release my child to the care of these individuals in the event of an emergency. They can also be called to pick up my child due to sickness, injury or belated afterschool pick up if I cannot be reached.

NAME/RELATION	HOME	WORK	CELL

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

List medications to which your child is allergic; allergies the child has; chronic conditions or considerations of which the school staff should be aware; or any physical, mental or emotional conditions which would limit his/her participation in an/all activities.

List medications that your child is currently taking. These medications along with detailed dosage instructions should be given to your child's teacher for administration.

OTHER INFORMATION

Brothers and/or sisters of student including step brothers and sisters

NAME	AGE	GRADE	SCHOOL ATTENDING

YES NO Do you consider your home a Christian home?

YES NO I give permission for my child to go on field trips. I release The Trinity School and individuals from liability in case of an accident during activities related to The Trinity School, as long as normal safety procedures have been taken.

Signature _____

YES NO We enjoy taking pictures of the children during classroom activities and displaying them in the newspaper, school bulletin board, school related brochures and the school website, etc. I give The Trinity School permission to do so.

Signature _____

