

TRINITY CHRISTIAN SCHOOL

Student Application 2018-2019



Date of Application: _____

A. STUDENT INFORMATION

Student's Name: _____ Gender: M _____ F _____
Last First Middle

Date of Birth: _____ Place of Birth: _____ Ethnicity: _____

Primary Language Spoken in Home: _____

Entering Grade: _____ If Kindergarten _____ AM _____ Full Day

Why are you interested in Trinity Christian School?

1. Please provide student's sibling information.

Sibling Name	Age	Grade (if applicable)	School Attending

2. How did you become acquainted with Trinity Christian School?

- Current Family
 Website
 Teacher/Staff
 Open House
 Advertisement - Specify

3. Referring Trinity Parent: _____

B. EDUCATIONAL BACKGROUND

1. List all schools previously attended beginning with current school.

Name of School	Address	Grade(s)	Year(s)

2. Where does your son/daughter rank academically among classmates?

- Average
 Above Average
 Below Average

3. How does he/she participate in learning activities at school?
 Eagerly
 Acceptingly
 Passively
 Reluctantly

4. Has this student repeated a grade or received failing grades in any subjects? Please explain _____

5. Has this student skipped a grade? _____ If yes, which grade? _____

6. Briefly describe what you see as strong areas of learning or special interests of your child:

7. Briefly describe your child's extracurricular activities and interests:

8. Does your child have any allergies or any medical disabilities? Please explain.

9. Are there any health conditions which have affected or may affect your child's school life?

Is your child currently taking any medications? YES/NO Medication(s) _____
Needed at school? YES/NO

Does your child have a visual impairment? YES/NO If yes, please specify _____

Does your child need to wear glasses/contacts? YES/NO If yes, check one: always__ for reading__ for distance__

Does your child have a hearing impairment? YES/NO

Does your child need to wear hearing aides? YES/NO

10. Are there any learning/behavioral/emotional or social conditions which have affected or may affect your child's school life? Please check applicable areas. If yes, please explain and provide documentation.

- | | |
|--|--|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> ADD (Attention Deficit Disorder) | <input type="checkbox"/> In Special Education or Resource Services |
| <input type="checkbox"/> ADHD (Attention Deficit with Hyperactivity) | <input type="checkbox"/> Remedial Reading (Chapter 1) |
| <input type="checkbox"/> BD (Behavior Disorder) or Emotional Issues | <input type="checkbox"/> Speech/Language Services |
| <input type="checkbox"/> RTI (Please indicate subject areas and tiers) | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Social Work Services/Counseling | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Oppositional Defiant Disorder | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Spectrum Disorder (Asperger's, Autism, Sensory, etc.) | <input type="checkbox"/> Other - Please Specify _____ |

11. Does your child have any special concerns, fears, etc.?

12. Has your child ever been: in serious disciplinary difficulty in school in serious disciplinary difficulty out of school
 suspended expelled asked to withdraw placed or recommended to be placed in alternative school

13. Has your child ever been referred for a Special Education or Speech Evaluation? Please explain when and why?

** Please provide a copy of evaluation report.

14. Has your child ever had or do they currently have an Individual Educational Plan or 504 plan or any other formalized educational plan? _____

(Please attach the entire copy of the most recent, IEP, ISP or 504 plan to this application)

** If your child has an IEP/ISP, you will be required to transport your child to the public school for those services. _____

Parent Initials

Please attach a copy of the most current report card and most current standardized test scores to this application. If applicable, a copy of the most recent RTI, IEP, ISP and/or 504 Plan must be provided to Trinity Christian School prior to acceptance.