



Application for Admission into K - 8 Charter School Program

1.) Applying for School Year: Please circle school year.

2015-2016

2016-2017

2017-2018

2.) Student Information:

First Name: _____ Last Name: _____

Nickname: _____

DOB: _____ SSN: _____

Race: American Indian or Alaska Native Asian Black/African American
 Hispanic/Latino Native Hawaiian / Pacific Islander White

Gender: Female Male

3.) Current School Information:

Current Grade Level: 4 Year Old Kindergarten First Second Third Fourth
 Fifth Sixth Seventh Eighth

Target Grade Level: Kindergarten First Second Third Fourth
 Fifth Sixth Seventh Eighth

Name of School: _____

Address: _____

Street

City, State

Zip code

Phone Number: _____

4.) Child Development:

- My child has repeated a year in school.
- My child has been screened for developmental issues.
- My child has an IEP, 504 or EP
- My child has a medical diagnosis/concern.

If you checked any of the boxes above, please give an explanation below.

Complete Parent/Guardian Information as Needed

1.) Name: _____

Address: _____

Street

City, State

Zip code

Child lives at this address

Keep informed of application status

Home Phone: _____ Cell Phone: _____

Email: _____

2.) Employment: _____

Occupation

Employer

Work Phone

3.) Relationship to Student: Natural Parent Legal Guardian Step-Parent Other

4.) Marital Status: Married Not Married Separated Divorced Widowed N/A

5.) Additional Languages spoken at home: _____

1.) Name: _____

Address: _____

Street

City, State

Zip code

Child lives at this address

Keep informed of application status

Home Phone: _____ Cell Phone: _____

Email: _____

2.) Employment: _____

Occupation

Employer

Work Phone

3.) Relationship to Student: Natural Parent Legal Guardian Step-Parent Other

4.) Marital Status: Married Not Married Separated Divorced Widowed N/A

Family Information

1.) Sibling Information:

Name: _____

Gender: Male Female DOB: _____ Present Grade: _____

School currently attending: _____

Name: _____

Gender: Male Female DOB: _____ Present Grade: _____

School currently attending: _____

2.) Expectations: What expectations do you have for your child's educational experience at Trinity School for Children?

**3.) How did you hear about us? Family Member Trinity School for Children Staff
 Acquaintance _____ Advertisement Internet Other**

Signature of Parent/Guardian

Date

Please address all correspondence to:

**Trinity School for Children
2402 W. Osborne Avenue Tampa, Florida 33603
(813) 874-2402
Email: admissions@trinitysfc.com
Website: trinitysfc.org**