



Application for Admission
for 2012-13

APPLICATION FOR ADMISSION

PLEASE ATTACH
PHOTO

Applying for Grade _____, Fall _____

Student's Name _____
Last First M.I. Preferred Name

Birthday _____
Month/Day/Year

Age _____ Gender male _____ female _____

Student lives with both parents _____ mother _____ father _____ other _____ (specify) _____

**PARENT/GUARDIAN
INFORMATION**

Father

Title Mr. Dr. Other _____

First Name _____

Last Name _____

Home Address – Street or PO _____

City/State/Zip _____

Home Telephone Number _____

Business Name _____

Business Position _____

Business Telephone Number _____

Business Facsimile Number _____

Cellular Telephone Number _____

E-mail _____

Religious Affiliation (optional) _____

Current Place of Worship _____

Pastor's/Clergy's Name _____

Mother

Title Mrs Ms. Dr. Other _____

First Name _____

Last Name _____

Home Address - Street or PO _____

City/State/Zip _____

Home Telephone Number _____

Business Name _____

Business Position _____

Business Telephone Number _____

Business Facsimile Number _____

Cellular Telephone Number _____

E-mail _____

Religious Affiliation (optional) _____

Current Place of Worship _____

Pastor's/Clergy's Name _____

Will you need before and/or after school care? Yes _____ No _____ If yes, full time _____ or occasional use? _____

If the student has a sibling or siblings, please list their names and ages: _____

STUDENT HISTORY

Name of current/last school attended _____ Telephone _____

Address _____
Street/P.O. Box _____ City _____ State _____ Zip _____

Name of Principal/Head of School _____ Grades attended _____ - _____

Student's special interests, honors or activities _____

Has student ever been tested (psychological/educational, speech therapy, occupational therapy, etc.)? Yes _____ No _____ **If yes, please attach a copy of the report.**

Is the student taking any medication on a regular basis? Yes _____ No _____ If yes, please specify: _____

Does the student have a physical health problem of which the School should be aware? Yes _____ No _____ If yes, please specify: _____

Has student ever consulted or been referred to a counselor for professional assistance? Yes _____ No _____ If yes, please specify: _____

Has student been suspended or dismissed for academic, honor, disciplinary or other reasons? Yes _____ No _____ If yes, please specify: _____

Describe any illnesses, diseases, operations or physical disabilities which would help us work more effectively with your child in the classroom or in the athletic program.

DETAILS

Please select the space that most accurately describes the student's ethnicity (optional):

American Indian/Alaska Native ___ Asian ___ Black/African American ___ Hispanic/Latino ___ Native Hawaiian/Pacific Islander ___ White ___
Two or More Races ___

How did you learn about Trinity Episcopal School?

Advertisement (*which publication?*) _____ Family/Friend/Neighbor
 Work Church Internet Other (*please specify*) _____

Will you be applying for financial aid? Yes _____ No _____
If yes, financial aid information and forms are available in the Admission Office.

Please return this application to Trinity Episcopal School, 750 E. 9th St., Charlotte, NC 28202-3102 with a \$90.00 non-refundable application fee.

Signature of Parent or Guardian _____

Date _____

Trinity Episcopal School admits students of any race, color, religion, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, religion, national and ethnic origin in administration of its education and admissions policies, scholarship and loan programs, and athletic and other school-administered programs.