

Name: _____

Grade Applying For: _____

Trinity Christian School

Grades K5—12 Student Application



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Greenville, NC 27858
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A ministry of Trinity Free Will Baptist Church

Date Received: _____
Registration Fee: \$ _____
Check: _____ or Cash: _____
Interview Date: _____
Testing Date: _____

FOR OFFICE USE ONLY
Accepted in Grade: _____
Records Requested: _____
Declined: _____

Last Grade Completed: _____
for School Year: 20__ 20__
Received: _____

Trinity Christian School & Day Care

Student Application

Student Information

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____
Goes By: _____ Social Security # _____ - _____ - _____ Birthday: ____/____/____ Age: _____
Church Affiliation: _____ Church Member: ___ Yes ___ No
Sex: _____ Race: _____ Student Email Address: _____
Present Grade Level: _____ Student Cell Phone Number: _____ Cell Phone Carrier: _____
(ex.USCellular,etc)

Family Information-(Please List Billed Name First)

Father or Mother's Last Name _____ Title: _____ First Name: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext _____
Legal Relationship to Student: _____ Lives with Student? ___ Yes ___ No
Financially Responsible? ___ Yes ___ No Email Address _____ Cell Phone: _____
Work Hours from _____ to _____ Cell Phone Carrier: _____

Father or Mother's Last Name: _____ Title: _____ First Name: _____
Street Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Place of Employment: _____ Position: _____ Work Phone: _____ Ext _____
Legal Relationship to Student: _____ Lives with Student? ___ Yes ___ No
Financially Responsible? ___ Yes ___ No Email Address _____ Cell Phone: _____
Work Hours from _____ to _____ Cell Phone Carrier: _____

Please list any other siblings that are in the home.

_____ Age _____ School Attending _____
_____ Age _____ School Attending _____

Admission Information

You are applying to attend what grade? _____ School attended last year: _____
Address of school: _____
Have all financial obligations been fulfilled at the school listed above? Yes ___ No ___
Has any grade been repeated? ___ If yes, which one: _____ Reason: _____
Does the applicant exhibit any kind of rebellious attitudes toward parents or others in authority? ___ Yes ___ No
If yes, describe _____
New Students: (6th - 12th) Please give your PERSONAL TESTIMONY on an attached sheet of paper.
Are you willing to commit to working diligently in our academic program? ___ Yes ___ No
Please give the specific name of the church where you and your child attend or are members:

Do you attend regularly? _____ Does your family? _____ Denomination: _____ Pastor: _____
Name of Church _____
Church Mailing Address: _____ Phone: _____

IMPORTANT! NEW STUDENTS (Required for first through twelfth grade students only.)

Please submit two recommendation letters from the following: One must be from your pastor, children's pastor, youth pastor and one must be from a current or previous teacher, guidance counselor or school principal.
Recommendations from other sources will not be accepted. List below the two persons chosen:

1. Name: _____ Phone: (____) _____ Relationship: _____
2. Name: _____ Phone: (____) _____ Relationship: _____

Confidential

YES NO

- ___ ___ Does the applicant have any significant physical impairment? If so, what? _____
- ___ ___ Has the applicant been previously hospitalized? If so, for what? _____
- ___ ___ Is the applicant allergic to anything? If so, what? _____
- ___ ___ Has the applicant had or does the applicant have any major diseases or illness: If so, what? _____
- ___ ___ Has the applicant had any operations? If so, what? _____
- ___ ___ Is the applicant under the care of a doctor? If so, for what reason? _____
- ___ ___ Has the applicant ever been treated for any nervous, mental, or emotional disorder, or seen a psychologist? If so, explain: _____
- ___ ___ Has the applicant ever used illegal or dangerous drugs?
- ___ ___ Has the applicant ever used alcoholic beverages or tobacco?
- ___ ___ Has the applicant ever been expelled or suspended by any school?
- ___ ___ Does the applicant have any physical, emotional, or mental handicaps which may affect activities or progress? If so, explain: _____
- ___ ___ Has the applicant received any type of tutoring or therapy? If so, explain: _____
- ___ ___ Does the applicant desire to attend our school?
- ___ ___ Reason for leaving current school: _____

If any answer is affirmative, and there is not enough space to explain, please give complete details on a separate sheet of paper. An explanation may also be required from the doctor, principal, or court.

Please specify an emergency contact if parents cannot be reached:

- 1. Name _____ Phone # _____ Cell # _____
Relation to student _____
- 2. Name _____ Phone # _____ Cell # _____
Relation to student _____

Please check appropriate columns:

| | Yes | No | | Yes | No |
|-----------------------|-----|-----|-----------------|-----|-----|
| Allergies (food/meds) | ___ | ___ | Hearing | ___ | ___ |
| Asthma | ___ | ___ | Heart Disease | ___ | ___ |
| Convulsions | ___ | ___ | Hemophilia | ___ | ___ |
| Diabetes | ___ | ___ | Muscle Weakness | ___ | ___ |
| Ear Infections | ___ | ___ | Rheumatic Fever | ___ | ___ |
| Epilepsy | ___ | ___ | Ulcers | ___ | ___ |
| Headache/Migraines | ___ | ___ | Vision Loss | ___ | ___ |

If any condition above is checked "Yes", please give directions for taking care of your child. _____

Do you give permission for us to give your child any of the following? If so, please check appropriate columns.

| | | | |
|---------------------------|-----|--------------------------------|-----|
| Junior Strength Tylenol | ___ | Extra Strength Tylenol (500mg) | ___ |
| Junior Strength Ibuprofen | ___ | Ibuprofen (200mg) | ___ |

Family Doctor: _____ Phone #: _____
 Family Dentist: _____ Phone #: _____
 Hospital Preference: _____

This is to certify that, in the event of an emergency, if I am not available, I give my permission to the physician which the school chooses, to prescribe the treatment he/she may deem necessary.

Father's Seal _____ Date _____
 Mother's Seal _____ Date _____
 Guardian's Seal _____ Date _____

Our Agreement Together

We have read and understand the Parent/Student Handbook and we are in agreement with the policies set forth.

We give the school permission for my child to take part in all school activities, including sports activities and school-sponsored trips away from the school premises. We further agree to hold the school and its agents harmless for any liability to my child or guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against the school or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault, we agree to pay any attorney fees, court fees, damages or other cost that the school or its agent should incur to defend itself against such action.

We agree to uphold and support the high academic standards of the School by providing a place at home for our child to study and by giving our child encouragement in the completion of homework and assignments.

We recognize that for our child to make good progress in his work, it is essential that he/she have confidence in his teacher and the school. Therefore, we will do all in our power to see that our child respects and obeys the school staff and standards. We agree that if our child should become involved in any difficulty with other children, teachers, or staff in the school, we will refrain from complaining to any parent, but with prayerful Christian spirit will register complaints with the teacher or principal.

We shall endeavor to support and uphold the principles, practices, discipline, financial and educational policies of Trinity Christian School in every way. We promise to pay our school bills on time.

This statement of cooperation will be in effect for as long as my children attend the school.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

To Be Completed by Any Student Applying for Grade 6-12 or By the Parent for Any Student Applying for Grade K5-5

Are you a Christian? _____ If yes, briefly state your salvation experience _____

At what age did you accept Christ? _____ Do you accept the Bible as God's inerrant Word and submit yourself to its principles as a final authority? _____ Will you agree to comply in good spirit to the school dress code? _____ Will you agree to keep all the school rules and respect authority without being critical or find fault? _____ Have you read the Parent/Student Handbook? _____ Will you submit to the authority of the teacher in the classroom in all situations? _____ Do you agree to do all outside class work required? _____ Do you WANT to attend Trinity Christian School? _____ Why? _____

As a student at Trinity Christian School I am aware that I am expected to abide by the standards of conduct set forth in the school handbook at present and any changes which may occur in the handbook throughout my enrollment, whether at home, school, or elsewhere. Students found to be out of harmony with Trinity Christian School's ideals of work and life may be invited to withdraw whenever the administration determines that it is necessary.

As a student of Trinity Christian School, I pledge to uphold the school's standards against cheating, swearing, smoking, drinking alcoholic beverages, using or talking favorably about narcotics, using indecent languages, and improper behavior on the internet and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life.

As a student I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in Trinity Christian School while I am a student attending the school, and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the Christian school.

Student's Seal _____ Date _____

Parent's Seal _____ Date _____

Principal's Seal _____ Date _____