



Application for Admission into K - 8 Charter School Program

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

2018-2019

2019-2020

2020-2021

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