



“Where Students Discover the Love of Learning”

**APPLICATION
for
ADMISSION**

1st 2nd 3rd 4th Grades

Trinity Academy

120 Sigourney Street
Hartford, CT 06105
860-251-8337
principal@trinityday.org
www.trinityday.org



Dear Students and Families,

Thank you for your interest in Trinity Academy!

Trinity Academy uses the following information in its admissions decisions. Applications are reviewed on a first-come, first-serve basis. Please return this application to us as soon as possible. Applications may be mailed to the school, faxed (860)527-2863, or delivered by hand:

Trinity Academy
Allison Bernhard, Principal
120 Sigourney Street
Hartford, CT 06105

If you have any questions about Trinity Academy or the application process, please contact the school at (860) 251-8337 or principal@trinityday.org. For more information, visit www.trinityday.org. Thank you for your interest in Trinity Academy.

Application Checklist

In order for a student's application to be complete and considered for admission, each of the elements below must be submitted by the student/family.

- _____ Complete Application
- _____ Records Release Form from Your Child's Current School
- _____ Copy of Most Recent Report Card
- _____ Copy of Any Testing

Upon receipt, completed applications will be reviewed by Trinity Academy admissions team. After taking a tour of the school and interviewed, students may be asked to shadow for part of the day at Trinity Academy. Accepted students will be notified by a phone call and mail. Any students not meeting admission requirements will be notified in writing.

If your child is accepted, you must fill out and return the Enrollment Packet before August 15, 2020



Admissions Application

Applying for..... 1st Grade 2nd Grade 3rd Grade 4th Grade

STUDENTS NAME: _____ Male Female

Date of Birth: _____

Home Address: _____ City: _____ ZIP: _____

Primary Phone Number _____

CURRENT ELEMENTARY SCHOOL

School Name: _____ Teacher: _____

Attended any other schools: _____ When: _____

FAMILY INFORMATION

Parent/ Guardian A: _____ Relationship to Student: _____

Address* _____ City: _____ ZIP: _____

[If different from above]

Primary Telephone# _____ Cell Phone# _____

E-Mail: _____ Employer/Occupation: _____

Parent/ Guardian B: _____ Relationship to Student: _____

Address* _____ City: _____ ZIP: _____

[If different from above]

Primary Telephone# _____ Cell Phone# _____

E-Mail: _____ Employer/Occupation: _____

Student Lives with (Check all that apply)

Mother Father Stepfather Stepmother Grandparent Other _____

Total number of people in the student's household: _____ Adults (over age 18): _____ Children: _____

Where should the school send home weekly folders and or correspondence to?

Parent / Guardian A Parent/Guardian B Both at different homes

Student's Ethnic Background (Optional)

African American Asian Caucasian Hispanic/Latino Native American
 Other _____

If languages other than English are spoken at home, please list: _____

Siblings

Name: _____ Age: _____ School: _____ Male Female

Name: _____ Age: _____ School: _____ Male Female

Name: _____ Age: _____ School: _____ Male Female

Name: _____ Age: _____ School: _____ Male Female

Name: _____ Age: _____ School: _____ Male Female

Please check of the following descriptions that apply to the Student's family:

Parents Married Parents Never Married Parents Divorced Single-Parent Household
 Deceased Parent Incarcerated Other _____

STUDENT BACKGROUND

Note: Answers to these questions on their own will not disqualify admissions to Trinity Academy. Although we do not have a special education department, we work to help the whole child. The more information we receive the better decisions we can make, and the better we can serve our students.

- Does your child take any medications? Yes No
- Has your child experienced significant behavioral struggles? Yes No
- Does your child suffer (or has suffered) from any illness, disability, physical or emotional limitations, depression or mental illness? Yes No

If YES to any any of the above, please explain.

- Has your child been tested or is presently enrolled in any type of special education program or counseling at a school or some other place? Yes No

If **YES**, please explain.

- Has your child skipped or repeated any grades? Yes No. If YES, what grade _____
Why? _____

- We serve breakfast, lunch and healthy snacks. Does your child have any food allergies or food restrictions?

PLEASE DESCRIBE YOUR SON OR DAUGHTER AS A STUDENT:

- How would you describe your child as a student? _____

- Please name three areas where your child is successful (school related).

- Are there any areas in which your son or daughter needs improvement?

FINANCIAL INFORMATION

Trinity Academy serves all families and is a tuition free school. However, we need to know your financial status to apply for grants and foundations.

Annual Family Income (from all sources): \$ _____ Number of Dependents: _____

Please provide proof of income, such as federal income tax form (Form 1040), pay stubs, and/or a letter of explanation with regard to the financial provision for this student. We must have this before schools starts.

Form of financial status: _____

ABOUT YOU (and family)

- How did you hear about Trinity Academy?
 Word-of-mouth News Advertisement School Other _____

- Would you like to participate in our school's PTO (parent- teacher organization)?
 Yes No

It is my wish to cooperate fully with the rules and policies of Trinity Academy if my child is accepted.

Parent/Guardian Signature: _____ Date: _____

This Admissions Application, related material and forms, and other information provided to Trinity Academy is considered confidential information.

Notice of Nondiscrimination Policy

Trinity Academy does not discriminate on the basis of race, religion, gender, sexual orientation, or natural and ethnic origin in admissions nor in administration of its education policies and programs.