



**APPLICATION FOR ADMISSION
EARLY CHILDHOOD PROGRAM**

1.) Applying for School Year: _____

2.) Student Information:

First Name: _____ Last Name: _____

Nickname: _____

DOB: _____ Due Date: _____

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

Gender: Female Male

Requested Start Date: _____ Tuition Option: ____ School Day ____ Full Day

3.) Current School Information:

Current Grade Level: Infants 1 Year Old 2 Year Old 3 Year Old 4 Year Old

Target Grade Level: Infants 1 Year Old 2 Year Old 3 Year Old 4 Year Old

Name of School: _____

Address: _____

4.) Child Development:

- My child has repeated a year in preschool.
- My child has been screened for developmental issues.
- My child has an IEP.
- My child has a medical diagnosis/concern.

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

Trinity School for Children shall not discriminate against any prospective student on the basis of race, color, religion, sex, national origin, disability, or any other status.

PARENT / GUARDIAN INFORMATION

1.) Name: _____

Address: _____

Street

City, State

Zip code

Child lives at this address

Home Phone: _____ Cell Phone: _____

Email: _____

2.) Employment: _____

Occupation

Employer

Work Phone

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

1.) Name: _____

Address: _____

Street

City, State

Zip code

Child lives at this address

Home Phone: _____ Cell Phone: _____

Email: _____

2.) Employment: _____

Occupation

Employer

Work Phone

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

ADDITIONAL 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 Alumni

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