



Where Students Discover the Love of Learning

**APPLICATION
for
ADMISSION**

1st 2nd 3rd 4th Grades

Trinity Academy

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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's Ethnic Background (Optional)

African American Asian Caucasian Hispanic/Latino Native American Other _____

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

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 _____

ABOUT YOU (and family)

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

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.