



TRINITY CHRISTIAN SCHOOL

NEW STUDENT APPLICATION

EARLY CHILDHOOD

- NURSERY/TODDLER** _____
 M-F
 2-days a wk } 8:00-3:00 6:30-6:00
 3-days a wk }
- ECE-2** _____
 M-F
 2-days a wk } 8:00-3:00 6:30-6:00
 3-days a wk }
- ECE-3** _____
 M-F
 2-days a wk } 8:00-3:00 6:30-6:00
 3-days a wk }
- VPK WRAP AROUND** _____
M-F 8:00-3:00 6:30-6:00
M/W/F 8:00-3:00 6:30-6:00

STUDENT INFORMATION

Last Name

First Name MI

Birthdate Gender M F

Street Address

City, State, Zip

Child lives with _____

Has a child within your immediate family attended TCS at any time since or during the 2014-15 school year? Yes No
If yes, note the student's name _____

PARENT INFORMATION *Father*

Mr. Dr. Rev. Other _____

Last Name

First Name

Home Phone # Cell Phone #

Email (required)

Street Address

City, State, Zip

PARENT INFORMATION *Mother*

Mrs. Ms. Miss Dr. Other _____

Last Name

First Name

Home Phone # Cell Phone #

Email (required)

Street Address

City, State, Zip

FINANCIAL RESPONSIBILITY

- Joint/Both Parents Father Mother Other

(if other: _____
Last Name First Name Address

City, State, Zip Home Phone # Cell Phone #

Email (required) Relationship to child

PREVIOUS SCHOOL ATTENDED

Name & Grade of Sibling(s) enrolled at TCS:

Relatives other than siblings enrolled at TCS

ADDITIONAL INFORMATION

Please note any additional factors in child's life such as adoption, accident, learning disability or information which the staff should be aware.

How did you hear about TCS?

- Website Facebook Apopka Chief Other _____
- Other parents of TCS students _____

I / We desire to enroll our child at TCS because:

