



# Trinity Classical Academy

## APPLICATION FOR ADMISSION

2009-2010 School Year

TRINITY CLASSICAL ACADEMY  
 P.O. BOX 802679  
 Santa Clarita, CA 91380-2679  
 (661) 296-2601  
 www.TrinityClassicalAcademy.com  
 admissions@TrinityClassicalAcademy.com

				<i>Office use only</i>	
Applying for Grade	Gender	Application Date		Reference	From Status

### APPLICANT

LAST NAME		First Name	Middle
First Name Used		Date of Birth	
Street Address			
Address Additional			
City	State	Zip	

### SIBLINGS

	Name	Grade	Applying to Trinity? Yes/No
Sibling 1			
Sibling 2			
Sibling 3			

### PARENT/GUARDIAN INFORMATION

Father's Information			
LAST NAME			
First Name			
First Name Used			
Relationship to applicant			
Address			
Address 2			
City, ST Zip			
Home Phone			
Cell Phone			
E-mail Address			
Occupation			
Place of Employment			
Work Address			
City, ST Zip			
Work Phone			
Work E-mail Address			
Home Church			
Pastor's Name			
Church Address			
City, ST Zip			

Mother's Information			
LAST NAME			
First Name			
First Name Used			
Relationship to Applicant			
Address			
Address 2			
City, ST Zip			
Home Phone			
Cell Phone			
E-mail Address			
Occupation			
Place of Employment			
Work Address			
City, ST Zip			
Work Phone			
Work E-mail Address			
Home Church			
Pastor's Name			
Church Address			
City, ST Zip			

## CHURCH INFORMATION

Father's Information			
How long have you attended your home church?			
Are you a member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How Long	
If you are not a member, why not?			
If you have attended for less than a year, why did you leave your previous church:			

Mother's Information			
How long have you attended your home church?			
Are you a member?	Yes <input type="checkbox"/> No <input type="checkbox"/>	How Long	
If you are not a member, why not?			
If you have attended for less than a year, why did you leave your previous church:			

## ACADEMIC INFORMATION

### Academic history of applicant (include preschool)

Current School	Address	Grades Completed	Reason for Leaving
	City, ST Zip		
Former School #1	Address	Grades Completed	Reason for Leaving
	City, ST Zip		
Former School #2	Address	Grades Completed	Reason for Leaving
	City, ST Zip		

### **ACADEMICS:** Special interests, abilities and academic strengths.

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### **CONCERNS:** Concerns you may have regarding your child's current progress (academic, relational, physical stature, health)?

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### **HEALTH:** Does your student (or has your student) taken prescribed medication for physical and/or behavioral/emotional issues such as ADHD, depression, asthma, allergies, migraines, etc? Please list and explain.

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### **LEARNING CHALLENGES:** Has this student ever been tested or has anyone recommended that your student be tested for learning difficulties? Has your student been diagnosed or enrolled in any special education program (e.g. resource room, reading difficulty, attention deficit etc.)? Please discuss the results and *include a copy of any reports.*

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### **EXPECTATIONS:** What expectations do you have of the education your child will receive at Trinity Classical Academy?

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## SPIRITUAL PROFILE

Trinity Classical Academy values families practicing and teaching their children, Christian principles in their daily lives. In order to provide us with background for the formal interview, please answer the following questions (use a separate sheet of paper if necessary).

1. **What are your primary reasons for seeking to enroll your child at Trinity Classical Academy?**
2. **Who, according to your understanding is Jesus Christ?**
3. **What do you believe concerning the death and resurrection of Jesus Christ?**
4. **Describe your relationship to Jesus Christ.**
5. **Describe any family circumstances that may affect the spiritual upbringing or well-being of the applicant (i.e., unmarried, separated or divorced parents, family members or other residents of the home practicing different spiritual beliefs, or other matters).**

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**Father's Responses**

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**Mother's Responses**

**TRINITY CLASSICAL ACADEMY**

**School Guidelines, Statement of Faith and Philosophy of Education Agreement**

**All students and parents are expected to sign this statement of guidelines.  
For younger children, parents are expected to discuss the guidelines with them.**

**A. Students are expected to**

1. Maintain a courteous, grateful, respectful, and cooperative attitude; to exercise restraint, and to freely forgive.
2. Work responsibly and independently in the classroom without unnecessarily distracting others, and walk quietly in the building.
3. Share, take turns, love and serve one another; refrain from teasing, name calling, bad language, pushing, pulling, and fighting while at work and play.
4. Be punctual and regular in attendance, and in all assigned work. Illness, medical appointments, family emergencies, family trips, etc. may be acceptable reasons for absence. Whenever possible, these absences should be prearranged with the student's teacher.
5. Remain in school during entire day unless permission to leave is granted by the office.
6. Remain at home if ill until temperature has returned to normal for a period of 24 hours and/or all signs of contagion are gone. Schoolwork during absence is to be completed as much as possible while the student is at home.
7. Dress neatly and modestly; keep body clean, well-groomed and adhere to the uniform policy

**B. Parents are asked to**

1. Foster a courteous, grateful, respectful, cooperative, and forgiving attitude along with proper restraint and self-control in thoughts, words, actions, and attitude.
2. Nurture habits of punctuality, thoroughness, neatness, honesty, resourcefulness, independent reading, and study.
3. Encourage participation in school projects, programs, parties, sports, playground activities - to develop skills and friendships.
4. Expect completion of all homework daily, making sure all books and completed homework are returned to school the following day.
5. Support school personnel, programs, and activities with prayer and communication; and serve as a volunteer in various capacities (i.e., on committees, at events, etc.).

**C. You may expect Trinity to**

1. Clarify to all students our expectations, and to commend, counsel or correct as occasion demands.
2. Cooperate with you in every way possible to encourage your child in the development of the above attitudes, habits, and skills.
3. Communicate with you regularly concerning the growth, needs, and accomplishments of your child.
4. Make your child's educational experience as complete, enjoyable and fulfilling as possible.

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I/we have read the above guidelines, Statement of Faith and Philosophy of Education and agree to abide by them as a student and support them during my/our child's enrollment at Trinity Classical Academy.

We, as parents and/or guardians give permission to Trinity Classical Academy to contact schools previously attended by this student in order to obtain records relevant to our child's educational experience.

<b>Student's Signature</b>	<b>Date</b>
Signature:	

<b>Father's Signature</b>	<b>Date</b>
Signature:	

<b>Mother's Signature</b>	<b>Date</b>
Signature:	

**Please communicate to us in writing any reservations you may have regarding these guidelines.**