



# STUDENT APPLICATION

PRESCHOOL, KINDERGARTEN-8TH GRADE

1205 6TH STREET, HUDSON, WI

715-386-9349

WWW.TRINITYACADEMYOFHUDSON.ORG

Welcome to Trinity Academy. This application will help us to get to know you and your student. Interviews are part of this process and will be scheduled upon receipt of a completed application.

School Year: 20\_\_\_\_ to 20\_\_\_\_

Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Telephone: \_\_\_\_\_ Public school district in which student resides \_\_\_\_\_

## FAMILY INFORMATION

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Members of Trinity: \_\_\_\_\_ Yes \_\_\_\_\_ No: We currently attend: \_\_\_\_\_

Our family pastor is \_\_\_\_\_ Church: \_\_\_\_\_

Does your company have a matching gift program? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

Members of Trinity: \_\_\_\_\_ Yes \_\_\_\_\_ No: We currently attend: \_\_\_\_\_

Our family pastor is \_\_\_\_\_ Church: \_\_\_\_\_

Does your company have a matching gift program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list siblings and their date of birth: \_\_\_\_\_

**JOINT-CUSTODIAL OR NON-CUSTODIAL PARENT INFORMATION:**

\_\_\_\_Father \_\_\_\_Stepfather \_\_\_\_Other: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_Occupation: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Members of Trinity: \_\_\_\_ Yes \_\_\_\_ No: We currently attend: \_\_\_\_\_

Our family pastor is \_\_\_\_\_ Church: \_\_\_\_\_

Does your company have a matching gift program? \_\_\_\_Yes \_\_\_\_No

\_\_\_\_Mother \_\_\_\_Stepmother \_\_\_\_Other: \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_Occupation: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Members of Trinity: \_\_\_\_ Yes \_\_\_\_ No: We currently attend: \_\_\_\_\_

Our family pastor is \_\_\_\_\_ Church: \_\_\_\_\_

Does your company have a matching gift program? \_\_\_\_Yes \_\_\_\_No

Please check all that apply for joint or non-custodial parents. If a court order is in place, please submit a copy to the school upon enrollment.

\_\_\_\_Emergency Contact

\_\_\_\_Send Mail

\_\_\_\_Publish Phone

\_\_\_\_Publish Address

\_\_\_\_Receive Report Card

\_\_\_\_Can pick up student

\_\_\_\_Print Reports

\_\_\_\_Financial Information

**NAME AND ADDRESS OF LIVING GRANDPARENTS:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grandparents may be contacted for school mailings: \_\_\_\_Yes \_\_\_\_No

How did you hear about Trinity Academy?  
\_\_\_\_\_

The following family referred us to Trinity Academy? \_\_\_\_\_

Trinity Academy admits students of any race, color, or national or ethnic origin to all the rights privileges, programs and activities generally accorded or made available to students at the academy. It does not discriminate on the basis of race, color, or national or ethnic origin in administration of its educational policies, admissions policies, and athletic and other school-administered programs.

**EDUCATIONAL INFORMATION**

Name of current school attending: \_\_\_\_\_

School address: \_\_\_\_\_  
Street State Zip

Telephone \_\_\_\_\_

Grades attended at current school \_\_\_\_\_

Other schools attended:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Check any that apply:***

- \_\_\_\_\_ Enrolled in honors/enrichment classes
- \_\_\_\_\_ Referred to Reading Specialist
- \_\_\_\_\_ Has special physical considerations
- \_\_\_\_\_ Referred for psychological or neurological eval.
- \_\_\_\_\_ Has had remedial/special tutoring
- \_\_\_\_\_ Been expelled/suspended or asked to leave a school
- \_\_\_\_\_ Has been referred, diagnosed or treated for any of the following: \_\_\_\_\_ ADD \_\_\_\_\_ ADHD
- \_\_\_\_\_ Referred for/currently operating under IEP, Title 1, 504 plan

Please describe any of the situations checked above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMITMENT OF FINANCIAL SUPPORT FOR YOUR CHILD’S EDUCATION  
AT TRINITY ACADEMY**

Person(s) who will be responsible for Tuition Payments: \_\_\_\_\_

If accepted to Trinity Academy and you choose to enroll your child, you must agree to stay current with tuition and other expenses incurred while attending Trinity Academy. We/I have read the printed Tuition Policy and agree to abide by the terms therein for the duration of my child’s enrollment at Trinity Academy. At the time of acceptance, I agree to pay the non-refundable “enrollment fee.”

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

The application will be considered for enrollment following acceptance of completed application and an interview.

# TRINITY ACADEMY MISSION STATEMENT

Providing academic excellence and developing leaders who love God, love others and serve the world.

Trinity Academy Values:

Lives Transformed	Relational Connections
Inspirational Worship	Global Compassion
Foundational Faith	Strength of Character
Discipleship	Life-Long Learning

## STATEMENTS OF CONCURRENCE

In signing this application, we acknowledge the following:

- While enrolled at Trinity I agree to cooperate with behavioral standards as set by the school's administration in its endeavor to maintain high biblical standards of behavior that reflect the character of Christ.

\_\_\_\_\_  
Student Signature (Grades 3 and up) / Date

\_\_\_\_\_  
Student Signature (Grades 3 and up) / Date

\_\_\_\_\_  
Student Signature (Grades 3 and up) / Date

- Our commitment to the policies of Trinity Academy, with a pledge to support disciplinary measures.
- Our willingness to assist in the work of the school according to ability.
- Our commitment to fulfilling our financial obligation to Trinity Academy.
- Our commitment to attend extra-curricular events hosted by Trinity Academy that involve our child.
- Our promise to bring our concerns directly to the teacher and administration of the academy, and to refrain from discussing negative comments with other parents.
- Our commitment to resolving conflict as stated in the parent/student handbook and always from a Christian perspective.
- Our promise to model a growing Christian example before our child, including regular Christian church attendance.

Signature of Concurrence \_\_\_\_\_ Date \_\_\_\_\_  
Father/Legal Guardian

Signature of Concurrence \_\_\_\_\_ Date \_\_\_\_\_  
Mother/Legal Guardian

*For Office Use Only*

**Application:**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_

**Acceptance:**

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount Received: \_\_\_\_\_



## Father's Statement

Why do you believe Trinity Academy is the best educational option for your child?



## Mother's Statement

Why do you believe Trinity Academy is the best educational option for your child?



## Student's Statement

Parents should complete this section for students in second grade or younger.  
Students in third grade and above should complete this section for themselves.

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How do you try to be a good student?

Do you enjoy reading or being read to? List some of your favorite books.

How do you spend most of your free time?

How do you learn best?

What are one or two things that you want your teachers to know about you?

Tell us why you would like to come to Trinity Academy?