



TRINITY ACADEMY

AT THE FATHER WALTER J. CISZEK EDUCATION CENTER

Founded in Faith and Family

2016-2017 Student Admission Application Student Information

Last Name _____ First Name _____ Middle Name _____

Current Address _____ City _____ State _____ Zip Code _____

Gender _____ Male _____ Female _____ Date of Birth _____ Age _____

Circle the grade entering: K 1 2 3 4 5 6 7 8

City and State of Birth _____ Religion _____

Previous School _____ Location _____

School District of Residency _____

Transportation _____ Bus _____ Car _____ Walker _____

Activities/Interests _____

Family Information

Father/Guardian

Last Name _____ First Name _____ Middle Name _____

Place of birth _____ Religion _____

Current Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Father/Guardian's Employer _____ Occupation _____

Employer Address _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Mother/Guardian

Last Name _____ First Name _____ Maiden Name _____

Place of birth _____ Religion _____

Current Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Mother/Guardian's Employer _____ Occupation _____

Employer Address _____

Marital Status: _____ Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Parish and Sacramental Information

With which parish are you registered? _____

Sacrament	Church for Sacrament	City of Church	State of Church	Date of Sacrament
Baptism				
Penance				
First Communion				
Confirmation				

Additional Information

Has your child ever had an educational evaluation/testing? _____ No _____ Yes

Has your child been diagnosed with a learning disability? _____ No _____ Yes If yes, what was diagnosis? _____

Does your child have an IEP? _____ No _____ Yes

Is there a custody agreement? _____ No _____ Yes (please provide copy to school)

Were you referred by a Trinity Academy Family? _____ No _____ Yes If yes, by whom? _____

List all siblings, their ages, and grades: _____

Person responsible for tuition (other than parent/guardian):

Last Name _____ FirstName _____ Middle Name _____

Current Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Relationship to child _____

I fully accept my financial obligations to Trinity Academy:

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____