



# TRINITY ACADEMY

AT THE FATHER WALTER J. CISZEK EDUCATION CENTER

*Founded in Faith and Family*

## 2017-2018 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      Social Security Number \_\_\_\_\_

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** \_\_\_\_\_