

# APPLICATION FOR ADMISSION

Please return the completed form, along with a \$100.00 nonrefundable application fee to:

## Trinity Episcopal Day School

3550 Morning Glory  
Baton Rouge, LA 70808  
(225) 387-0398  
(225) 387-3145 Fax  
trinityschoolbr.org

FOR OFFICE USE ONLY	
Date Received	_____
Application Fee	_____
Check Number	_____
Test Date & Time	_____
Screeners	_____

Applying for Academic Year: \_\_\_\_\_ — \_\_\_\_\_

### Grade Level:

- PreK - 3     PreK - 4     Kindergarten     First Grade  
 Second Grade     Third Grade     Fourth Grade     Fifth Grade

## APPLICANT'S INFORMATION

Child's Name \_\_\_\_\_  
Last First Middle (no initials)  
Name Called \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_  
Birth Certificate Number \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Religious Denomination \_\_\_\_\_ Church Affiliation \_\_\_\_\_

## FATHER'S INFORMATION

Father or Guardian's Name:  Mr.  Dr.  
\_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cellphone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Education \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Religious Denomination \_\_\_\_\_  
Church Affiliation \_\_\_\_\_  
Trinity Parishioner:  Yes  No  
Trinity School Alumnus:  Yes  No  
If Yes, Dates Attended \_\_\_\_\_

## MOTHER'S INFORMATION

Mother or Guardian's Name:  Mrs.  Ms.  Dr.  
\_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cellphone \_\_\_\_\_ Email \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Education \_\_\_\_\_  
Occupation \_\_\_\_\_  
Employer \_\_\_\_\_  
Religious Denomination \_\_\_\_\_  
Church Affiliation \_\_\_\_\_  
Trinity Parishioner:  Yes  No  
Trinity School Alumnus:  Yes  No  
If Yes, Dates Attended \_\_\_\_\_

**FAMILY INFORMATION**

Parents:  Married  Separated  Divorced (Year \_\_\_\_\_)  Deceased (Year \_\_\_\_\_)

Child lives with:  Mother  Father  Other (Name and relationship) \_\_\_\_\_

If separated or divorced, who has LEGAL custody? \_\_\_\_\_

Do you wish to have your telephone number, email address, and mailing address published in the school handbook?  Yes  No

If separated or divorced, should former spouse's telephone number and address be published in the school handbook?  Yes  No

Paternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maternal Grandparents \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Siblings

Age

School Attending

Siblings	Age	School Attending
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EDUCATION INFORMATION**

**Previous Schools Attended**

Name	Address	Telephone	Grades Attended	Dates Attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I give permission for Trinity to contact previous schools for information.  Yes  No \_\_\_\_\_ (Please initial)

Has student ever been evaluated or received special help for academic problems?  Yes  No

Explain \_\_\_\_\_

Has student ever been retained?  Yes  No

Explain \_\_\_\_\_

Has student ever been asked to leave another school due to educational or behavioral problems?  Yes  No

Explain \_\_\_\_\_

Reason for seeking another school placement for my child \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INFORMATION**

Name of Doctor \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Does child take medication regularly?  Yes  No

If yes, describe \_\_\_\_\_

Does child have an allergy?  Yes  No

Explain \_\_\_\_\_

Please note any physical or psychological disabilities \_\_\_\_\_

Are immunizations current?  Yes  No (A current immunization record will be required on file prior to the first day of school)

**MEDICAL RELEASE**

I give permission to Trinity Episcopal Day School personnel and extended care personnel to seek medical attention for my child when parents or emergency contacts cannot be reached. I waive any and all claims and causes of action which I might have against the school or any of its personnel as a result of illness, accident, or injury which might occur on the playground, the street, or in transit.

Yes  No \_\_\_\_\_ (Please initial)

This application must be accompanied by a fee of \$100.00. This application fee is nonrefundable. I understand that I will be notified in writing or by telephone in late fall or early spring prior to August entry, if my child is accepted for the year in which I have applied.

Trinity Episcopal Day School reserves the right to place a student in the appropriate class as determined by test data and developmental maturity. Student is expected to meet the academic standards of the school and to conform to the school's rules in order to retain his/her place.

Admission is based on the following considerations: screening results, teacher/principal recommendations, and academic record. Upon acceptance, I understand that the contract I sign is a binding contract for the year of acceptance.

Signature of Parent

Date

**The order of acceptance for students to attend Trinity Episcopal Day School is as follows:**

- Children presently enrolled in Trinity
- Sibling of student presently enrolled in Trinity
- Trinity Church parishioner in good standing
- Child of Trinity School Alumnus
- Others

**TRINITY EPISCOPAL DAY SCHOOL HAS A NON-DISCRIMINATORY ADMISSIONS POLICY.**

# TEACHER RECOMMENDATION FORM

CONFIDENTIAL

(Top section to be filled out by parent)

Applicant's Name \_\_\_\_\_

Current School \_\_\_\_\_

Current Grade \_\_\_\_\_ Grade Applying for \_\_\_\_\_

**Teacher Questionnaire: (This section to be filled out by the applicant's teacher)**

The above named student has applied to Trinity Episcopal Day School. Please check the appropriate responses to the student's personal and academic characteristics in the following areas:

	OUTSTANDING	VERY GOOD	GOOD	FAIR	POOR
Overall Academic Achievement					
Level of Maturity					
Works Independently					
Peer Relations					
Organizational Skills					
Attention Span					
Completion of Tasks					
Parental Support					
Uses Time Wisely					
Honesty					
Study Habits					

Please describe any special or unusual characteristics that you feel are important in evaluating this child. This may be a strength, weakness, or concern that you see as relevant.

Strengths \_\_\_\_\_

Weaknesses \_\_\_\_\_

SUBJECT AREA	FAR ABOVE GRADE LEVEL	SOMEWHAT ABOVE GRADE LEVEL	GRADE LEVEL	SOMEWHAT BELOW GRADE LEVEL	FAR BELOW GRADE LEVEL
Reading					
Language Arts/English					
Spelling					
Math					
Science/Social Studies					

I recommend this student:  Enthusiastically  Confidently  With reservation  Do not recommend

Name \_\_\_\_\_ Title \_\_\_\_\_

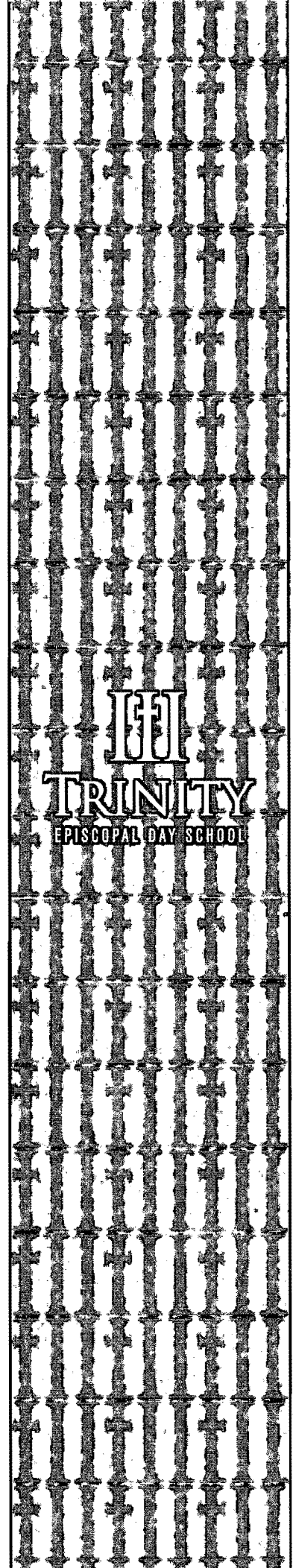
Relationship to applicant \_\_\_\_\_ Length of acquaintance \_\_\_\_\_

School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you. Please return the completed form to:**  
 3550 Morning Glory Ave | Baton Rouge, LA 70808  
 (225) 387-0398 | (225) 387-3145 fax | [trinityschoolbr.org](http://trinityschoolbr.org)



# ADMISSIONS REQUIREMENTS CHECKLIST

**To complete your child's admissions folder we need the following information:**

- Application with \$100 application fee
- Copy of child's birth certificate
- Copy of child's immunization record
- Teacher recommendation form
- Previous screening/testing/evaluations
- Previous/Current report cards
- Previous standardized tests

Please forward information above to the school. Thank you for your cooperation.

