



1st through 12th Grade Admissions

Dear Parents,

Thank you for your interest in Trinity Prep School of Loganville. It is so important to choose the right education for your child and I know that deciding on an educational program can be a very trying experience.

Here at Trinity, our staff is dedicated to providing every child with the highest standards of education at an academic, social, and spiritual level. We believe that each child will leave our school with a solid foundation, plus an eagerness to continue learning for the rest of their lives.

We consider each child as a unique individual. As educators, we strive to challenge each child according to their level, as well as their social level. We offer a competitive curriculum that will give you the confidence that your child is receiving a quality education.

We are very thankful that God led you to Trinity Prep School and we look forward to working with you in this process. If you have any questions or concerns, please contact us at (770) 466-0057.

May God Bless,
Tammy Moore, Owner and Director

1st through 12th Grade Admissions Checklist:

1. Student Application, Required forms and \$50 Application Fee

Required Forms - *ALL forms must be turned in with student application to make application complete*

- Georgia 3231 Immunization Record - *Up to date*
- Georgia 3300 Certificate - Vision, Hearing, Dental
- Copy of Parent/Guardian ID
- Copy of Student Birth Certificate
- Copy of Students Social Security Card

2. Records Release - *Required upon submission of application*

A parent or guardian must sign an authorization then submit the form to TPS that allows the request of records. Then, TPS will request records from the previous school via fax or email.

3. Referrals - *References Required to complete application process. The parent/guardian is responsible for distributing all forms.*

Trinity Prep requests Academic Reference forms from the candidate's current Math Teacher and current Language Arts Teacher. *The individual submitting the reference should submit the completed form via email to admissions@trinityprep.net.* The references candid assessment will be of invaluable assistance to the Admissions Committee and all comments will be held in strict confidence.

- Personal Reference (community leader, pastor, extracurricular coach, etc...)
- Math Academic Reference - (given to current teacher to email back)
- Language Arts Academic Reference - (given to current teacher to email back)

4. Administrative Review

Upon the submission of the Application, Records, and Referrals, the student's entire application will be submitted for Administrative Review. Additional forms may be requested upon review.

5. Admissions Decision

Parent or guardian will be notified via email from admissions@trinityprep.net of the Admissions decision. If admitted, a welcome packet will be attached to the email with further directions of enrollment.

Trinity Prep School Of Loganville



Date _____

STUDENT INFORMATION

Student Legal Name _____ Preferred Name _____
Last First Middle

Sex _____ Birth Date / / Current Age _____ Grade Applying For _____ Student Social Security _____

Address _____
Street City State zip COUNTY

Home Phone Number _____ School Currently Attending _____
School City State

FAMILY INFORMATION

Marital Status: Married Divorced Separated Spouse Deceased Single

Student Resides With: Both Parents Mother Father Guardian

Father/Guardian _____
Name Cell Phone Number EMAIL address (add if parent is **authorized** to receive)

Employer Occupation Work phone number

Home Address (if different than student) Home Phone Number

Mother/Guardian _____
Name Cell Phone Number EMAIL address (add if parent is **authorized** to receive)

Employer Occupation Work phone number

Home Address (if different than student) Home Phone Number

Other children in the family currently enrolled or applying to TPS:

- | Name | Grade Applying for |
|----------|--------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |

GENERAL INFORMATION

1. Has the applicant ever repeated a grade? **Yes No** *If yes, what grade and explain:*

2. Has the applicant ever had any discipline or emotional problems, been suspended, expelled or withdrawn from school? **Yes No** *If yes, explain below:*

3. Has the applicant been tested for or diagnosed with any learning disabilities or ADD or ADHD? **Yes No**
Does the applicant have a current IEP or 504 Plan? **Yes No** *If yes, explain, **Please provide documentation for the student file.***

I understand that TPS is not a licensed daycare facility and is exempt from the GA Department of Child Care Licensing.

*The information provided in this application, to the best of my knowledge, is complete, accurate, and true. I agree to abide by the school's policies, procedures, and requirements contained in the Parent-Student Handbook. I understand that the Registration fee is **non-refundable**. In ALL cases students are admitted on a probationary basis subject to the students' performance based on behavior and academic performance.*

Parent's / Guardian's Signature

Relationship to Applicant

Date

Student Support Lab (add \$200/month)

Success Through Academic Resourcing is for students who need individual specialized instruction. Students with identified learning disabilities can be serviced through this program for an additional monthly fee.

TUITION AGREEMENT

Tuition is due the 1st of each month, and late after the 2nd (\$80 late fee). Trinity offers several payment options for tuition:

PAYMENTS ARE SET UP ONLINE THROUGH FACTS (PARENTSWEB)

- I understand that this is a monthly commitment and if I need to withdraw my child for any reason, I must submit a letter of notice at least 30 days before my child's last day otherwise I am responsible for the following month's tuition. This applies to all accounts, including installment payment plans and tuition paid in full. I also must update this form as needed.
- No school records (academic or health; diplomas) will be released when there is an outstanding balance on the student's account.
- Fundraisers, The school receives no church assistance, federal, state, or local funding. Fundraisers are a necessary part of the financial advancement of Trinity Prep School. All families are strongly encouraged to participate in our fund raising projects.

Financial Responsibility will be assumed by: _____ Social Security # _____

Email address (please print) _____

We have read and understand this Tuition Agreement.

Signature of Parents / Legal Guardians

Father/Guardian _____ Mother/Guardian _____ Date _____

EMERGENCY CONTACTS (other than mom and dad)

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

PEOPLE AUTHORIZED TO PICK UP MY CHILD

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Name _____ Relationship _____ Phone: _____

Are there any custody situations that we should be made aware of? Yes ___ No ___

*If yes, explain below (In case of divorce or separation documentation **MUST** be provided if custody is involved)*

Legal Custody: ___ Joint ___ Mother ___ Father ___ Guardian

Parent Signature: _____ **Date:** _____

EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize Trinity Prep School to secure such medical attention and care for my child _____ that may be necessary, should he/she suffer an accident, injury, or illness while in their care. This is provided that Trinity Prep School has attempted to contact me and could not reach me immediately. I (we) will keep Trinity Prep School informed of any and all changes in emergency telephone numbers for both home and work. Trinity Prep agrees to keep me informed of any and all incidents that may require professional medical attention for my child.

Child's Physician: _____ Phone # _____

Insurance Carrier: _____ Policy # _____

Person Insured: _____

Parent or Legal Guardian's Signature: _____ **Date:** _____

ALLERGIES and MEDICAL

My child has the following **ALLERGIES**: *Rx Medications, Epi pens, inhalers, etc. must be signed in through the front office*

Are there any **MEDICAL** situations that we should be made aware of? Yes ___ No ___

If yes, explain: _____

PERMISSIONS

Internet Access: * **Initial** ___ ___ **I DO** ___ ___ **I DO NOT** give my child permission to have school-supervised internet access. All TPS students have access to the internet through school-supervised computer usage or their personal acceptable devices.

Student Photo Release for School Promotions: ***Initial** ___ ___ **I DO** ___ ___ **I DO NOT** give permission for my child’s name and/or photo to appear in school publications. Occasionally students are filmed and/or photographed to document school activities. These photos may be used for school promotions and publications.

Medical Release:

If needed, I authorize the Trinity Prep School office to administer the following medication as requested by my student, not to exceed the recommended dosage.

___ **Yes** ___ **No** Acetaminophen and/or Ibuprofen (*whichever the office has on hand*)

By signing this section, you are authorizing the distribution of these over the counter medications for minor pain. Trinity will still call to make you aware of medicine being distributed to your child.

Parent/Legal Guardian Signature: _____ **Date:** _____

TPS POLICY AND ADMISSION AGREEMENTS

By signing below, I state that I have read and understand the following documents and agree to adhere to and abide by the policies, procedures and expectations listed therein. Further, I understand that all TPS policies and activities are governed by TPS and that my student is accountable to the policies in the Student Handbook, www.trinityprep.net

Parent/Legal Guardian Signature: _____ **Date** _____

STUDENT COVENANT (REQUIRED for students grades 6-12 ONLY):

I understand that I am accountable to the expectations listed in the Student Handbook and I agree to conduct myself, in behavior and attitude, in a positive and appropriate manner. I have read the Student handbook located on the school’s website, www.trinityprep.net .

Student Signature (6-12 grade students only): _____ **Date:** _____

**Trinity Prep School
of Loganville**

2213 Commerce Dr, Loganville, GA 30052

Phone: 770-466-0057

Fax: 678-585-1538

www.trinityprep.net

Authorization of Release of Educational Records

Student's Name _____ Grade _____ (current)

In accordance with the Family Education and Privacy Act of 1974, I consent to the release of all educational records to Trinity Prep School. I further agree for any other information requested to be released to Trinity Prep School concerning the named student.

The above student is applying for admission to Trinity Prep School. I hereby authorize _____ to release records to Trinity Prep.

(name of current school student is attending)

Thank you for promptly sending the following:

- Complete transcript, latest report card
- Standardized test results
- I.E.P Documents/Educational Evaluation if applicable
- Health records and Georgia Certificate of Immunization
- Copy of SS Card/#
- Authority for enrollment (Copy of Birth Certificate/Custody Papers, etc....)
- Full disciplinary records

Parent Signature _____ Date _____



CONFIDENTIAL ACADEMIC REFERENCE REQUIRED

To be completed by a current Math and Language Arts teacher of the applicant

Please check one: ___ Math ___ Language Arts

Student Name: _____

Grade: _____

FOR REFERENCE:

The student named above is applying for admission to Trinity Prep School. Your candid assessment will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence. Please complete the form and email to admissions@trinityprep.net If you have any questions or concerns, please contact us at: (770) 466-0057.

STUDENT EVALUATION

Attendance is **regular** or **irregular** (Please circle one)

Please list three words that best describe this student _____

	Superior	Good	Average	Below Average	N/A
Social/Emotional Development					
Ability to stay on task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to follow directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude of peers toward child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Performance					
Language Ability					
Fluency in English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocabulary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conversational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity in speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Services					
504 or IEP	YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Gifted	YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Other	Explain:				
Physical Coordination					

Small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments regarding the students above ratings _____

Please note any special attributes of this student that would help us better understand him/her (Ex: English as a second language, special talents in arts or athletics, etc....)

Please comment on the student-parent relationship:

Signed _____ Date _____

Educator's Printed Name _____ Grade/Subject _____

School Name _____

School Location _____ How long have you known the student? _____



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Ability to work in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude towards peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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School Performance					
Language Ability					
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Clarity in speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Services					
504 or IEP	YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Gifted	YES <input type="checkbox"/>		NO <input type="checkbox"/>		
Other	Explain:				

Physical Coordination					
Small motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Large motor coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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