



## Kindergarten and Below 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.

Should you have any further questions, please do not hesitate to contact me. Once again, thank you for inquiring about our program at Trinity Prep School.

May God Bless,  
Tammy Moore, Owner and Director

### Admissions Checklist for Kindergarten and Below:

1. Student Application with **\$200 Registration Fee**
2. Required Forms - *ALL forms must be turned in with student application to make enrollment complete*
  - Georgia Immunization Record (3231 Form) *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

3. Records of Previous Educational Program

If the student previously attended an educational program, please let us know so we can obtain any needed records for the admissions process.

4. Admissions Decision

Parents or guardians will be notified via email from [admissions@trinityprep.net](mailto:admissions@trinityprep.net) of the Admissions decision.

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.

# 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** - Please specify if a parent below should NOT receive 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.*

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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*

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

If yes, explain: \_\_\_\_\_

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## **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](http://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](http://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](http://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)

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