

Enrollment Application (New Student) 2024-2025 Homeschool Connect Program



ADMISSION APPLICATIONS WILL NOT BE ACCEPTED WITHOUT THE REGISTRATION FEE ACCOMPANYING IT.

Student's Full Name: _____

Date Received Registration Fee (\$50.00) & Application: _____

Name To Be Used At School: _____

Enrollment
 Enrollment Completed

Date of Birth: ____/____/____ Age: _____

Health Records: MUST BE TURNED INTO OFFICE
 Most Current Records on file in school office
 Immunization Forms

Gender: Male Female

Birth Certificate:
 A photocopy of child's birth certificate is required to accompany every student's records. If you haven't submitted one, please do so.
 Classes that meet (1) once per week are \$500.00
 Classes that meet (2) twice per week are \$1,000.00

Grade Applying For (All new students must be tested before final placement is determined):

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Music | <input type="checkbox"/> Knitting Club |
| <input type="checkbox"/> German | <input type="checkbox"/> Drama Club | <input type="checkbox"/> Basketball Team |
| <input type="checkbox"/> Physical Education (2) per week | <input type="checkbox"/> Soccer Team | <input type="checkbox"/> Volleyball Team |

Do you have other children in your family? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Age	Name	Age
	Name	Age	Name	Age

If the information provided below is a duplicate of another enrolled dependent, please specify by filling out the parent names and putting a line through the other cells.

Student Info	Street or P.O. Box:	
	City/State/Zip:	
	Home Telephone:	
	Child lives with:	<input checked="" type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Specify)

Parent Info	Mother	Father
Name:		
Street or P.O.:		
City/State/Zip:		
Work Phone:		
Cell Phone:		
Email Address:		
Employer:		

Please list TWO people (other than students' parents) who live locally and can be called in an emergency. We will make every effort to contact the parents first.

Emergency Contact Info	Emergency Contact #1	Emergency Contact #2
Name:		
Street or P.O.:		
City/State/Zip:		
Work Phone:		
Cell Phone:		
Relation to Child:		

Transportation	Will your child be picked up by car? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, please list all drivers who are authorized to pick up your child outside of emergency contact:	
	Name:	Name:
	Name:	Name:

Church Background	
Church Name:	
Church Address:	
Pastor:	
	Has your child been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No

Health Information	
Child's Doctor:	
Clinic Address:	
Clinic Phone #:	
	Does your child have any health problems, allergies, or physical limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please explain:

Before & After Care	
	Will your child be enrolled in the Before or After Care Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, check all that apply: <input type="checkbox"/> Before Care <input type="checkbox"/> After Care <input type="checkbox"/> WeeCare

How did you hear about TCS?	Newspaper Ad: <input type="checkbox"/> Sentinel <input type="checkbox"/> Shopper	Website	Radio	Re-Enrolling
	Signage	Word of Mouth	TV	Referred by:

Photo Consent	
<p>Many photos are taken of Trinity Christian School students during the school year for use in items such as the school newsletter, school publicity items, the school yearbook, etc. It is only with parents' permission that we will use your child's photograph for any of these items.</p> <p><i>Please check the following box that accurately expresses your desire:</i></p> <p><input type="checkbox"/> I give Trinity Christian School permission to photograph my child(ren) for the uses stated above.</p> <p><input type="checkbox"/> I do NOT give permission for Trinity Christian School to photograph my child(ren) for the uses stated above.</p>	
Parent Signature:	Date:

Required for the NH Department of Education General Report of Nonpublic Schools
 Circle the one category that describes the race/gender of the student on this application:

White Non-Hispanic		Black Non-Hispanic		Hispanic		Asian		American Indian Alaskan Native	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

NOTICE OF NONDISCRIMINATION POLICY AS TO STUDENTS:

Trinity Christian School does not discriminate on the basis of race, color, ancestry, religion, national and ethnic origin, gender, or disability, in the administration of its admissions and educational policies and financial aid program.