

# APPLICATION

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## Trinity Christian Academy

2119 Hartford Ave. | Johnston, RI 02919

P: (401) 934-0202 | F: (401) 934-1754

www.trinityri.org | info@trinityri.org

Application for Fall 20\_\_ or Mid-Year 20\_\_

### Prospective Student Information

Student's Name \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_  
(Number, Street)

\_\_\_\_\_  
(City, State, Zip)

Age \_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Birthplace \_\_\_\_\_ Grade Entering TCA \_\_\_\_\_



### Parent/Guardian Information

Father's Name \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_  
(Number, Street, City, State, Zip)

Email \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_  
(Last, First, Middle)

Address \_\_\_\_\_  
(Number, Street, City, State, Zip)

Email \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Marital Status:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Never Married \_\_\_\_\_

### Previous Institution Information (School your child is attending or last attended)

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
(Number, Street, City, State, Zip)

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## General Information

How did you hear about this school? \_\_\_\_\_

Reason for selecting Trinity Christian Academy \_\_\_\_\_

## Scholastic Information

Has your child ever been expelled, dismissed, suspended, or refused admission to another school? \_\_\_\_\_

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

Has your child ever had any disciplinary difficulties? \_\_\_\_\_

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

Has your child ever been in trouble with the law, arrested, etc.? \_\_\_\_\_

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

Has your child ever used tobacco or drugs of any kind? \_\_\_\_\_

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

Please indicate level of student's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has your child ever failed in school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

## Spiritual Information

Church Name \_\_\_\_\_ Address \_\_\_\_\_  
(City/State)

Pastor's Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Father: Christian? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Mother: Christian? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Has the applicant ever made a profession of faith in Christ? Yes: \_\_\_\_\_ No: \_\_\_\_\_

## Essay

Write and attach a short (100-words) essay, about your personal testimony of accepting Christ as your Savior and why you want to attend Trinity Christian Academy.

**This application, \$100.00 registration fee and all accompanying forms must be completed prior to student's enrollment.**

**(\$50.00 registration fee per additional student)**