



A mission of Trinity Lutheran Church

Trinity Christian School
 100 Maple Avenue, Keene, NH 03431
 Tel: 603-352-9403 or 603-352-4446, Fax: 603-358-3405
 E-mail: principal@ne.rr.com

(Office Use Only)		Dates Received	
Application:			
SMART Enrollment:		Health Records	

Enrollment Application

STUDENT'S FULL NAME: _____ **NAME TO BE USED AT SCHOOL** _____

DATE OF BIRTH: ____ / ____ / ____ **GENDER:** Male Female

GRADE APPLYING FOR:			
<input type="checkbox"/> 2-Day Preschool (3 yrs):* (Tu, Th) / (M, W) <small>*After the Tu, Th class is full we will begin filling the M, W class</small>	<input type="checkbox"/> Kindergarten	<input type="checkbox"/> Third	<input type="checkbox"/> Sixth
<input type="checkbox"/> 3-Day Preschool (4 yrs) (M, W, F mornings)	<input type="checkbox"/> First	<input type="checkbox"/> Fourth	<input type="checkbox"/> Seventh
<input type="checkbox"/> 5-Day Preschool (4-5 yrs) (5 afternoons)	<input type="checkbox"/> Second	<input type="checkbox"/> Fifth	<input type="checkbox"/> Eighth

Do you have other children in your family?
 Name _____ Age _____ Name _____ Age _____
 Name _____ Age _____ Name _____ Age _____

STUDENT'S ADDRESS Street and PO Box: _____
 City / State / Zip: _____
 Home Telephone: _____ Home E-Mail _____
 Child lives with: Both Parents Mother Father Other _____

PARENTAL INFORMATION

	MOTHER	FATHER
Name:		
Work Phone:		
Cell Phone:		
E-Mail Address		
Place of Employment:		

Which phone number should be called first during the school day if we need to contact a parent: _____

EMERGENCY CONTACT INFORMATION

Please list TWO people (other than the student's parents) who live locally and can be called to pick up your child in an emergency. Please note, we will make every effort to contact parents first

	Emergency Contact No. 1	Emergency Contact No. 2
Name:		
Address:		
Home Phone:		
Work Phone:		
Cell Phone:		
Relation to Child:		

TCS Admission Application

TRANSPORTATION: **BUS** Will your FULL-Day student (Kindergarten through Eighth grade) be using the Laidlaw Bus?

Yes No

Keene, NH

PICK UP ADDRESS	DROP ADDRESS

CAR Will your child be picked up by car? Yes No

If yes, please list all drivers who are authorized to pick up your child

BEFORE & AFTER CARE: Will your child be enrolled in the program Yes No,

If Yes, will (s)he need: Before Care After Care Both

CHURCH BACKGROUND: Where do you attend church?

Church Name: _____

Church Address: _____

Pastor: _____ Tel: _____

Has your child been baptized? Yes No

HEALTH INFORMATION: Child's Doctor: _____

Address: _____ Tel: _____

Does your child have any health problems, allergies, or physical limitations? Yes No

If yes, please explain:

(Required for) **NH DEPT. OF EDUCATION GENERAL REPORT OF NONPUBLIC SCHOOL 2009-2010**

CIRCLE the **ONE** category that describes the race/gender of the student on this application:

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

PARENTAL CONSENT: **PHOTOGRAPHS**

Many photos are taken of Trinity students during the school year for use in items like the school newsletter, Principal's Board of Excellence, school publicity items, possible school yearbook, etc. It is only with parent's permission that we will use your child's photo for any of these items. Please check the following box that accurately expresses your desire regarding photographs of your children.

I give Trinity Christian School permission to photograph my child for the uses stated above.

I do not give permission for Trinity Christian School to photograph my child/ren for the uses stated above.

Parent Signature: _____

NEW STUDENT ADMINISTRATION APPLICATION

CHILD'S PROFILE: *Please complete the following profile so that we may better understand your child and his/her background. Feel free to attach an extra sheet if you need additional room.*

1. Name, address, and telephone number of last school attended: _____

2. Last grade completed: _____

3. What do you feel are your child's academic strengths? _____

4. Please describe your child's special interests and/or gifts.

5. Under what circumstances does your child learn best?

6. Does your child have any academic or disciplinary difficulties? Yes No

If yes, please explain:

7. Has your child had an individual evaluation for speech / language, academic, behavioral, or social / emotional reasons? Yes No

If yes, please explain and submit a copy of such evaluation.

8. Has your child repeated a grade? Yes No If so, which grade? _____

9. Please list student's sibling's ages _____

10. Please share any additional information that would be beneficial in serving your child
