



Trinity Temple Academy Adventist School Application for Student Enrollment

APPLICANT INFORMATION

Today's Date: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

School District: _____

Previous School(s) Applicant has attended (please put chronological order (current one first)

1. School: _____

School Address: _____

Date(s) Attended: _____

2. School: _____

School Address: _____

Date(s) Attended: _____

ACADEMIC INFORMATION

Grade Entering: _____ Grade Last Attended: _____ Any Grades Repeated: _____

Ever dismissed, suspended, or disciplined in any school? _____

If yes, explain: _____

FAMILY BACKGROUND

Student lives with: _____ Both Parents _____ Father _____ Mother _____ Guardian

Language(s) other than English spoken at home: _____

Father's Name (print): _____

Mother's Name: _____

Guardian's Name: _____

	Father	Mother	Guardian
Marital Status			
Religious Affiliation			
Occupation			
Employer			
Employer's Address			
Employer's Phone			
Home Address/Phone (if different than student's)			

Other Children – List oldest to youngest	Age	Gender	Lives at Home		
			Yes		No

CHURCH INFORMATION

Family Church: _____ Is student a baptized member? Yes No
 Denomination: _____ If 'Yes', date baptized: _____

EMERGENCY CONTACT

Name	Relationship to Student	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician: _____ Phone: _____
 Signature: _____ Date: _____

\$650.00 REGISTRATION FEE BREAKDOWN. **Excludes Graduation Fees	
Application Fee: \$50.00 (per child).	Administration Fee - \$250.00 (per family)
Technology/Textbooks - \$300.00	ITBS Test - \$50.00
*Graduation Fees: <i>Kindergarten</i> - \$150.00 - <i>8th Grade</i> \$200.00	

TUITION COSTS
1 Child - \$400.00 (Grades 1-8) - \$430 (Kindergarten)
2 Children - \$780.00
3 Children - \$1,160.00

Please save form and email completed form to: trinitytempleacademy@hotmail.com

FOR OFFICE USE ONLY			
Payment Information			
Amount Received:	Date Received:	Received By:	
Payment Type:	Credit Card	Check	Money Order