

PARENT (OR LEGAL GUARDIAN) CONTRACT

My/(Our) Signature below indicates that I have read, understand and agree with the Parent Contract. In applying for my child to attend Trinitas Academy:

- I agree to support the standards of the school in every area of its philosophy and policies including academic, behavioral, spiritual, dress, moral, disciplinary, and maintain the basic principles of biblical morality in my home.
- I agree to cooperate fully with the teachers and administration of Trinitas Academy and understand that failure to do so may result in my child's severance from the school.
- I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers.
- I agree to support the school to the best of my abilities through prayer, time, and participation in the various school activities.
- In the event my child becomes ill or is injured while under school supervision, I give my consent for the school authorities to take the following steps:
 1. Contact a parent of the child and follow the instructions given.
 2. Contact the child's physician and/or emergency medical personnel and follow instructions given.
- If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the school administration or their designee, to furnish on behalf such written or oral authorization as may be so required. Further, I release the school administration, or their designee, Trinitas Academy and Providence Baptist Church, from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- In further consideration for the enrollment of my child, I, and on behalf of my child, hereby release, indemnify, and hold harmless Trinitas Academy and its agents and employees, from any and all actions and claims for personal injury or damages of any kind resulting from the transportation of Trinitas Academy students by myself or in vehicles owned or leased by me, or from the transportation of my own child to school events and functions in vehicles neither owned nor leased by Trinitas Academy or Providence Baptist Church, whether caused in whole or in part by the negligence of the operator of any such vehicle.
- In further consideration for the enrollment of my child, I individually, and on behalf of my child, hereby agree to submit to binding Christian arbitration any matters which cannot otherwise be resolved; and expressly waive any and all rights in law and equity to bringing any civil disagreement before a court of law, except that judgment upon the award rendered by the arbitrator may be entered in any court having jurisdiction thereof.
- I understand that once the parent contract has been signed and the enrollment fee paid, I am responsible to pay in full any outstanding balance even if I voluntarily withdraw my child or my child is dismissed from the school. Records will not be forwarded to another school until all financial obligations have been satisfied. Any costs associated with the collection of tuition and fees will be paid by the responsible party.
- Trinitas Academy reserves the right to refuse any application, or dismiss any child at any time, for unacceptable work or conduct, or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Trinitas Academy.
- I am willing to work hard to fulfill the agreed Fundraiser/Donation set forth at the rate of \$350 per family per school year.
- I have read and understand the policies and procedures concerning tuition and registration fees at Trinitas Academy and agree to abide by said rules.
- I understand that the registration and activity fees are non-refundable and non-transferable under any circumstances.
- I hereby acknowledge that all information pertaining to this application is true, correct, and complete.
- I understand if any of the information provided is found to be false, this application will be annulled.

I hereby grant permission to have my child video taped or photographed for publication in newsletters, flyers, brochures, websites, newspaper articles and/or any other form of publication, if any, for Trinitas Academy.

 Father/Guardian Signature Date Mother/Guardian Signature Date

Please include my child's name, address, and/or telephone number on the class list which will be distributed to each family in the school.

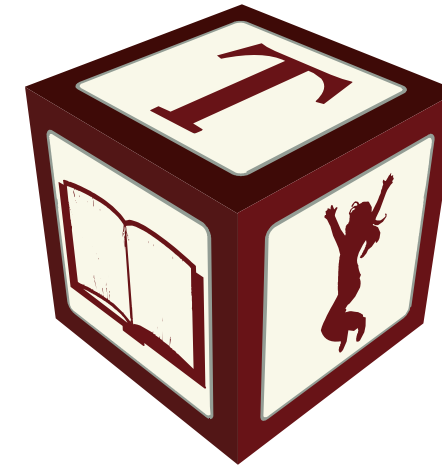
Yes No

The decision to accept the enrollment application of your child is, in part, based on the complete and accurate information you provide. Any errors or omission may result in an immediate change in your child's enrollment status.

Date _____ Signature _____
 (Person Responsible for Tuition Payments)

Date _____ Signature _____
 (Parent/Guardian)

Student's Name: _____ Grade: _____



TRINITAS
 A C A D E M Y

2018 - 2019



Nurturing the Whole Child

ENROLLMENT FORM

A Ministry of Providence Baptist Church

Celebrating FLOCS 149 State License 4452

www.trinitasacademy.com

1101 S 49th Avenue Planta

(954) 581-2744 • Fax: (954) 581-7724 • info@trinitasacademy.com

CHILD'S INFORMATION

Please Fill Out

Date: _____

Grade Applying For:

- _____ _____ _____ _____ _____
 _____ _____ _____ _____ _____
 _____ _____

Referred By: _____



Certified by FLOCS # 14393
Facility License # 46452

Business Office Use Only

Payment Plan:

- 12 Month Registration Fee
 11 Month Activity Fee
 10 Month Book Fee

Starting Date: _____

Teacher Assigned: _____

Student's Full Name: _____ Preferred Name: _____
Last First Middle

Address: _____
Street City Zip

Home Phone: () _____ Gender: Male Female

Date of Birth: _____ Is the Child a United States Citizen? Yes No

Social Security Number: _____ **Please attach a copy of Social Security Card.**

How did you hear about Trinitas Academy? _____

FAMILY INFORMATION

Father/Guardian Full Name: _____ **Date of Birth:** _____

Address if different than student's: _____

Social Security #: _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

E-mail: _____ Cell Phone: () _____

Occupation: _____ Driver License #: _____

Mother/Guardian Full Name: _____ **Date of Birth:** _____

Address if different than student's: _____

Social Security #: _____ Home Phone: () _____

Employer: _____ Work Phone: () _____

E-mail: _____ Cell Phone: () _____

Occupation: _____ Drivers License #: _____

Family/Marital Relationships: (Check all that apply)

Natural Parents are: Together at Home Separated Legally Divorced Natural Mother Deceased Natural Father Deceased

If parents are divorced or separated, who has primary custody of child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? Yes No

Other Children in Family: (List Name, Age, and Grade) _____

SCHOOL HISTORY

School presently attending or last attended: _____ Phone: () _____

Address: _____
Street City Zip

Reason for Changing Schools: _____

Has your child ever repeated a grade? Yes No If yes, state grade and date: _____

Has your child ever been tested for or enrolled in a special program? (gifted, learning disabled, special needs) Yes No
If yes, please give details: _____

Has your child ever experienced any discipline/conduct problems in relation to school suspensions, school expulsion, grade retention, promotions, etc.? Yes No

MEDICAL

Child's Physician: _____ Phone: () _____

Is there any information you can share with us that will help in meeting your child's particular needs? _____

Student has difficulty in: Speech Vision Hearing ADD ADHD Other

Please list any environmental or drug allergies: _____

Please list medications taken on a regular basis and the dosage given: _____

Emergency Contact Information (other than parents):

Name	Relationship	Home #	Work #

SPIRITUAL

Name of Church Family Attends: _____

Address: _____
Street City Zip

Pastor's Name: _____ Phone: () _____

(Mark All That Apply): My Child... Is Baptized Attends Church Attends Sunday School

Do you desire a biblical, Christ-centered education for your child? Yes No

Are you interested in: Learning about Providence Baptist Church Receiving a call from a pastor

Do you desire your child to receive training according to the principles and doctrines outlines in our Philosophy of Education and Statement of faith, and will you support the school in its endeavors to encourage and guide your child in applying these doctrines to life? Yes No