

Student's Name: \_\_\_\_\_



# TRINITAS

A C A D E M Y

**2017 - 2018**

**“Nurturing the Whole Child”**

## **ENROLLMENT FORM**

Grade: \_\_\_\_\_

TRINITAS ACADEMY  
A Ministry of Providence Baptist Church  
Certified by FLOCS # 14393  
State License # 46452  
1101 SW 49<sup>th</sup> Avenue ♦ Plantation, FL 33317  
(954) 581-2744 ♦ Fax: (954) 581-7724 ♦ info@trinitasacademy.com  
www.trinitasacademy.com



**TRINITAS**  
A C A D E M Y

Certified by FLOCS # 14393  
Facility License # 46452

**Please Fill Out**

Date: \_\_\_\_\_

**Grade Applying For:**

PK3  PK4  K5  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  
 4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  9<sup>th</sup>

Full Day  Half Day \_\_\_\_\_

Referred By: \_\_\_\_\_

**Business Office Use Only**

Payment Plan:

12 Month  
 11 Month  
 10 Month

Paid in Advance

Registration Fee  
 Activity Fee  
 Book Fee

Starting Date: \_\_\_\_\_

Teacher Assigned: \_\_\_\_\_

**CHILD'S INFORMATION**

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 Unites 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 #
_____	_____	_____	_____
Name	Relationship	Home #	Work #
_____	_____	_____	_____
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

Information outlining Trinitas Academy's Philosophy of Education and Statement of Faith was included with the enrollment packet. Have you read this Information?  Yes  No

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

## 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 \$150 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)