



**TRINITY**  
CHRISTIAN SCHOOL

# ADD. NEW STUDENT ENROLLMENT APPLICATION

Academic Year 2018 - 2019



**\*OFFICE USE ONLY\***

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ \$30 Application Fee Paid? Y / N Staff: \_\_\_\_\_

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## IMPORTANT NOTICE TO PARENTS AND/OR GUARDIANS

***The following are documents Trinity Christian School requires before any child can attend school.***

- Current\* Immunization Record OR Exemption Form (As required by State)
- Pastoral Reference (May be sent in directly from church)
- Prior Academic Test Scores/Student's Last Report Card
- Unofficial Transcript (Grades 9-12 ONLY)
- Copy of Original Birth Certificate (We cannot accept hospital copies)

\*Immunizations can change annually depending upon the child's age and grade level. Although Trinity Christian School will make every reasonable effort to notify parents of any missing records or documents as far in advance as possible, it is the parents' responsibility to ensure that their child(ren) receive the appropriate immunizations on time and that the proper records and documentation are supplied to the school prior to the start of school. Students will not be allowed to attend school until all of these documents are received by the Trinity Office.

## NON-DISCRIMINATORY POLICY

It is the policy and practice of Trinity Christian School, in the admission of students or the hiring of employees, not to discriminate on the basis of an individual's race, color, national or ethnic origin, sex, disability, or age in the application of any policy, practice, rule or regulation. As a nonprofit religious entity, however, the school can and does discriminate on the basis of religion as permitted by Title VII of the Civil Rights Act of 1964, other federal statutes, state law, and/or the U.S. Constitution or Arizona State Constitution.

# TUITION RATES & FEES

## REGISTRATION FEES

Application Fee	<i>New Students Only</i>	\$30.00	Non-Refundable
Registration Fee	<i>All Students</i>	\$225.00	Non-Refundable
Upper School Lab/Book Fee	<i>7th &amp; 8th Grade Students</i>	\$50.00	Non-Refundable once materials have been ordered.
Upper School Lab/Book Fee	<i>9-12th Grade Students</i>	\$125.00	Non-Refundable once materials have been ordered.

## STANDARD TUITION FEES & MULTI-CHILD DISCOUNTS\*

	Discount	K-6th Grade	7th & 8th Grade	9-12th Grade
1st in the Family	<i>None</i>	\$5,875.00	\$6,500.00	\$6,700.00
2nd in the Family	<i>10%</i>	\$5,287.50	\$5,850.00	\$6,030.00
3rd in the Family	<i>15%</i>	\$4,993.75	\$5,525.00	\$5,695.00
4th & Additional	<i>25%</i>	\$4,406.25	\$4,875.00	\$5,025.00

## PASTOR'S CHILDREN TUITION DISCOUNT\*

	Discount	K-6th Grade	7th & 8th Grade	9-12th Grade
All Children	<i>20%</i>	\$4,700.00	\$5,200.00	\$5,360.00

## WILLOW HILLS MEMBER TUITION DISCOUNT\*

	Discount	K-6th Grade	7th & 8th Grade	9-12th Grade
All Children	<i>15%</i>	\$4,993.75	\$5,525.00	\$5,695.00

## PART-TIME STUDENTS (4 CLASSES OR LESS)

Per Class / Per Quarter	\$275.00 (Plus curriculum/lab costs)
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**Our Goal** is to make Christ-centered, classical education affordable for all families. We will work with you to develop a tuition assistance plan that is tailored to your need. Our staff is happy to guide you in the right direction to answer any questions you may have. Stop by the Trinity Office to pick up a **Tuition Assistance Informational** Packet today!

\* Please Note: You cannot combine a Trinity discount with tuition assistance from any State Tuition Assistance Organizations or the State of Arizona. **Choose the assistance that benefits you most.**

# TUITION PAYMENT AUTHORIZATION & BILLING

Family Name		
Student Last Name	First Name	Upcoming Grade
Student Last Name	First Name	Upcoming Grade
Student Last Name	First Name	Upcoming Grade
Student Last Name	First Name	Upcoming Grade

## Payment Instructions *(Please initial the payment plan of your choice.)*

	<b>Annual Plan</b> Payment in full by August 1, 2018 and receive \$50.00 discount
	<b>Monthly Plan</b> 10 Equal installments with first payment due August 1, 2018 and last payment due May 1, 2019.
<i>Please Note: Tuition for students who enroll late will be prorated and divided equally among the remaining months of the year</i>	

## Billing Instructions *(Please initial the billing method of your choice.)*

	I would like to receive my monthly statement via <b>email</b> at _____
	I would like to receive my monthly statement via <b>standard mail</b> as indicated on my Family Information Page.
	I would like to receive my monthly statement via <b>standard mail</b> at an address different from my Family Information Page. Name: _____ Relationship to Family: _____ Address: _____ City: _____ State: _____ Zip: _____

## Auto Pay Opportunity

Trinity's preferred method of payment is automatic debit of your account each month beginning August 1st. A \$50.00 discount is given in April to families that elect automatic debit and remain in the program all year.

	<b>YES!</b> I would like to participate in electronic funds transfer for my monthly tuition. <i><b>I've attached a voided check to set up my account.</b></i> I understand our regular monthly tuition will be debited from my account on the 1st of each month (August to May) until otherwise changed and instructed in writing by me. Email notices are sent every month with the upcoming charges listed before any charges are made to the account. By signing below, I hereby acknowledge that I have read the above Tuition Payment Plan and Authorization Guidelines. I further acknowledge that Trinity Christian School will follow these instructions unless otherwise instructed in writing by me. Signature: _____ Date: _____	
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## Discounts & Scholarships

	We qualify for the <b>Pastor's Child Discount</b> . Pastor's Name: _____ Church: _____
	We qualify for the <b>Willow Hills Member Discount</b> .
	It is our understanding that we may qualify to receive <b>Tuition Assistance</b> and will be applying for scholarship funds; therefore, we authorize Trinity to apply all scholarship funds received during the year to our account for the benefit of our family. <b><i>We understand that by electing this benefit, we do not qualify to receive any other discounts outlined in this packet.</i></b>

**\*LATE PAYMENT POLICY** *If your account becomes delinquent, progress reports and report cards will not be issued. If your account is past due at the end of the school year, your child(ren) will not be allowed to return to school without Board approval, which will not be given without a face-to-face meeting with the Headmaster. Please communicate honestly and often with us if you are struggling with your account.*

Parent / Guardian Name (Printed): \_\_\_\_\_

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

# STUDENT INFORMATION

Student Name	Grade Entering / School Year
Current School or Last School Attended (Name / District)	School Phone
School Address (Street / City / State / Zip Code)	

**Has the student ever repeated a grade or been dismissed from school?**  YES  NO

If YES, please explain:

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**Has the student ever been diagnosed with any learning, emotional, or physiological disabilities or identified for special education programs (e.g. resource room, IEP, attention deficit, etc.)?**  YES  NO

If YES, please explain:

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**Has the student ever been tested or received special help for a reading or learning disability?**  YES  NO

If YES, please list the results and include a copy of the report.

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**Briefly state your child's strengths and weaknesses.**

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**List student's interests and extra curricular activities.**

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**We first learned of Trinity Christian School through...**

Facebook  Brochure  Signage  Recommendation from: \_\_\_\_\_

Parent / Guardian Name (Printed): \_\_\_\_\_

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

# STUDENT MEDICAL FORM

Student Last Name		First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Age	Primary Insurance Carrier / Account Number	
Primary Care Doctor (Name / Phone Number)			
Dentist (Name / Phone Number)			

Please list any **MEDICAL CONCERNS:**

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Please list any **ALLERGIES** (to medications or other):

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Please list any **CURRENT MEDICATIONS:**

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**Please check YES or NO after reading the following statements concerning medical treatment.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	I give my permission for Trinity Christian School to provide emergency medical treatment for my child. I understand that the expense of this service will be my responsibility.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give my permission for my child to be transported, by whatever means necessary as determined by the administration of Trinity Christian School, to the nearest emergency medical facility for treatment. I understand that the expense of this service will be my responsibility.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give my consent to the rendering of such medical services for my child as shall be deemed necessary, in the opinion of my family doctor or the doctor rendering such services. I understand that the expense of this service will be my responsibility.

**Please check which of the following MAY be administered to your child per dosage instructions listed on labels.**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Acetaminophen (Tylenol)         | <input type="checkbox"/> Anti-Itch Ointment (Calamine) | <input type="checkbox"/> Eyewash / Artificial Tears    |
| <input type="checkbox"/> Antacid (Tums)                  | <input type="checkbox"/> Chapstick (Carmex)            | <input type="checkbox"/> Ibuprofen (Advil)             |
| <input type="checkbox"/> Antibiotic Ointment (Neosporin) | <input type="checkbox"/> Cough Drops                   | <input type="checkbox"/> Oral Antihistamine (Benadryl) |

### Emergency Contacts

Please list any individuals who you would like us to call in case of an emergency.

Parent/Guardian Name 1	P/G Phone 1	Parent/Guardian Name 2	P/G Phone 2
E.C. Name (First & Last)	Relationship to Student	Phone 1	Phone 2
E.C. Name (First & Last)	Relationship to Student	Phone 1	Phone 2

Parent / Guardian Name (Printed): \_\_\_\_\_

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

# AUTHORIZED PICK-UP / DO NOT CONTACT LISTS DIRECTORY / PHOTO / FIELD TRIP PERMISSIONS

Student Name

**Authorized Pick-Up List** I do hereby authorize Trinity Christian School to release my child to the following individuals, in the event I am unable to pick them up myself. I release Trinity Christian School from any and all responsibility for problems that may develop when such persons take my child from the premises.

First Name	Last Name	Relationship	Phone
First Name	Last Name	Relationship	Phone
First Name	Last Name	Relationship	Phone
First Name	Last Name	Relationship	Phone
First Name	Last Name	Relationship	Phone

**Do NOT Contact List** Due to our family's circumstances, the following individuals are on a "Do Not Contact" list for my child.

First Name	Last Name	Relationship
First Name	Last Name	Relationship
First Name	Last Name	Relationship

**Directory Permission** Available to Trinity Family only, please check one option below.

Yes, please include our family's information in the Trinity Christian School Directory.

No, please DO NOT include our family's information in the Trinity Christian School Directory.

**Photo Permission** Trinity Christian School would appreciate permission to use your child's photo in our promotional materials. These materials are very important to our recruitment and fundraising efforts. These may include brochures, school website, school newsletter or multi-media presentations. ***Trinity Christian School takes this matter seriously. We will not use these photos in a reckless manner that would expose our students to unnecessary risks.*** Please check one option below.

We/I hereby **give permission** to Trinity Christian School to use my child's likeness/image in its promotional materials as stated above.

We/I hereby **deny permission** to Trinity Christian School to use my child's likeness/image in its promotional materials as stated above.

### Field Trip Permission

We/I hereby certify that my child has my permission to participate in field trips associated with the academic program at Trinity Christian School. I agree and do hereby release and discharge any teacher, employee, or other person engaged in the activities herein above described, from all claims, present and future, known or unknown, in any manner arising out of the above described activity. I further understand and agree that this release shall hold any teacher, employee, or other person engaged in the above described activity, harmless from any and all liability relating to my child for any and all personal injury or illness that may be suffered by my child, and further, I agree to hold them harmless from any loss of property by my child that may occur during the above described activities.

Parent / Guardian Name (Printed): \_\_\_\_\_

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

# SPIRITUAL INFORMATION

Family Name	Student Name	
Family Church	Family Pastor's Name	
Family Church Address (Street / City / State / Zip)		Family Church Phone
Student Church (if different)	Student Pastor's Name	
Student Church Address (Street / City / State / Zip Code)		Student Church Phone

## Student Spiritual Information

Please check all applicable options.

Student attends church regularly

Student attends Sunday School

Student is active in youth group

Student is active in other church activities

**Has Student made a Confession of Faith for him/herself?**

Yes  No

Please explain:

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Parent / Guardian Name (Printed): \_\_\_\_\_

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





## APPLICANT TRANSCRIPT REQUEST

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

Student Last Name	Student First Name	Student Middle Name
Date of Birth (MM/DD/YYYY)	Last School Attended	
Last School Attended Address (Street / City / State/ Zip Code)		
Grade Levels Completed at Last School Attended		

The above mentioned school has my permission to release all grades, test scores, test results, psychological reports, and speech, hearing, and vision testing results as part of the official transcripts and other related information regarding the above named student to contact listed below:

Trinity Christian School  
1077 Mogollon Road  
Prescott, AZ 86301  
Fax: 928-445-7210  
Email: office@trinitychristianaz.com

This release is in accordance with the provisions of the Family Education Rights and Privacy Act of 1974.

Name (Printed): \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

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

# AFFIDAVIT OF INTENT

## AFFIDAVIT OF INTENT

CHILD'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

The above named child is attending: \_\_\_\_\_ home school **OR** \_\_\_\_\_ a regularly organized private school.

### NAME(S) AND ADDRESS(ES) OF PERSON(S) WHO HAVE CUSTODY OF THE CHILD:

Name \_\_\_\_\_

Name \_\_\_\_\_

Physical address \_\_\_\_\_

Physical address \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_

Phone number(s) \_\_\_\_\_

Phone number(s) \_\_\_\_\_

### PUBLIC SCHOOL DISTRICT OF RESIDENCE **OR**

### NAME OF PRIVATE SCHOOL CHILD IS ATTENDING

#### For Private School and Home School Parents:

I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated and then resumed. I understand the child must be instructed in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school. If the private school or home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent with the county school superintendent within thirty days. (ARS §15-802.C)

#### In addition, for Home School Parents:

I understand a certified copy of the child's birth certificate or other reliable proof of the child's identity and age shall also be filed in the county school superintendent's office. (ARS §15-828.B)

I understand that testing of children who are instructed in a home school program while they are receiving home school instruction is not required. (ARS §15-745.A)

I understand that a child who re-enrolls in a kindergarten program or grades one through twelve in a public school after receiving instruction in a home school program shall be tested in order to determine the appropriate grade level for the educational placement of the child. (ARS 15-745.B)

Address of private school \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I (we) elect to not begin formal education until this child reaches eight years of age.

If child is attending **home school**, after signing and notarizing this form, return the original to:

**Yavapai County School Superintendent  
2970 Centerpointe East Dr.  
Prescott, AZ 86301-8426  
Telephone 928-771-3326**

If student is enrolled in a **private school**, after signing and notarizing this form, return the original to the private school named above.

#### PRIVACY NOTICE:

The undersigned expressly prohibits the release of any and all information contained in this form including directory information as defined in 20 U.S.C. §1232g (a)(5)(A), without prior written consent by the undersigned. See 20 U.S.C. §1232g (a)(5)(B) and ARS §15-141.

State of \_\_\_\_\_, County of \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

SIGNATURE OF NOTARY PUBLIC \_\_\_\_\_

Signature of person having custody of the child \_\_\_\_\_

My Commission Expires \_\_\_\_\_

For office use only

Notary Stamp

**NOT REQUIRED FOR PRIVATE SCHOOL**



# TRINITY CHRISTIAN SCHOOL

THANK YOU FOR APPLYING TO ATTEND  
TRINITY CHRISTIAN SCHOOL.

Please submit this completed packet to the  
Trinity Office through one of the means listed below.

**In Person or by Mail:**

1077 Mogollon Road  
Prescott, AZ 86301

**Fax:**

928-445-7210

**Electronic Scan or Email:**  
[office@trinitychristianaz.com](mailto:office@trinitychristianaz.com)

**Questions? Give us a call!**

928-445-6306