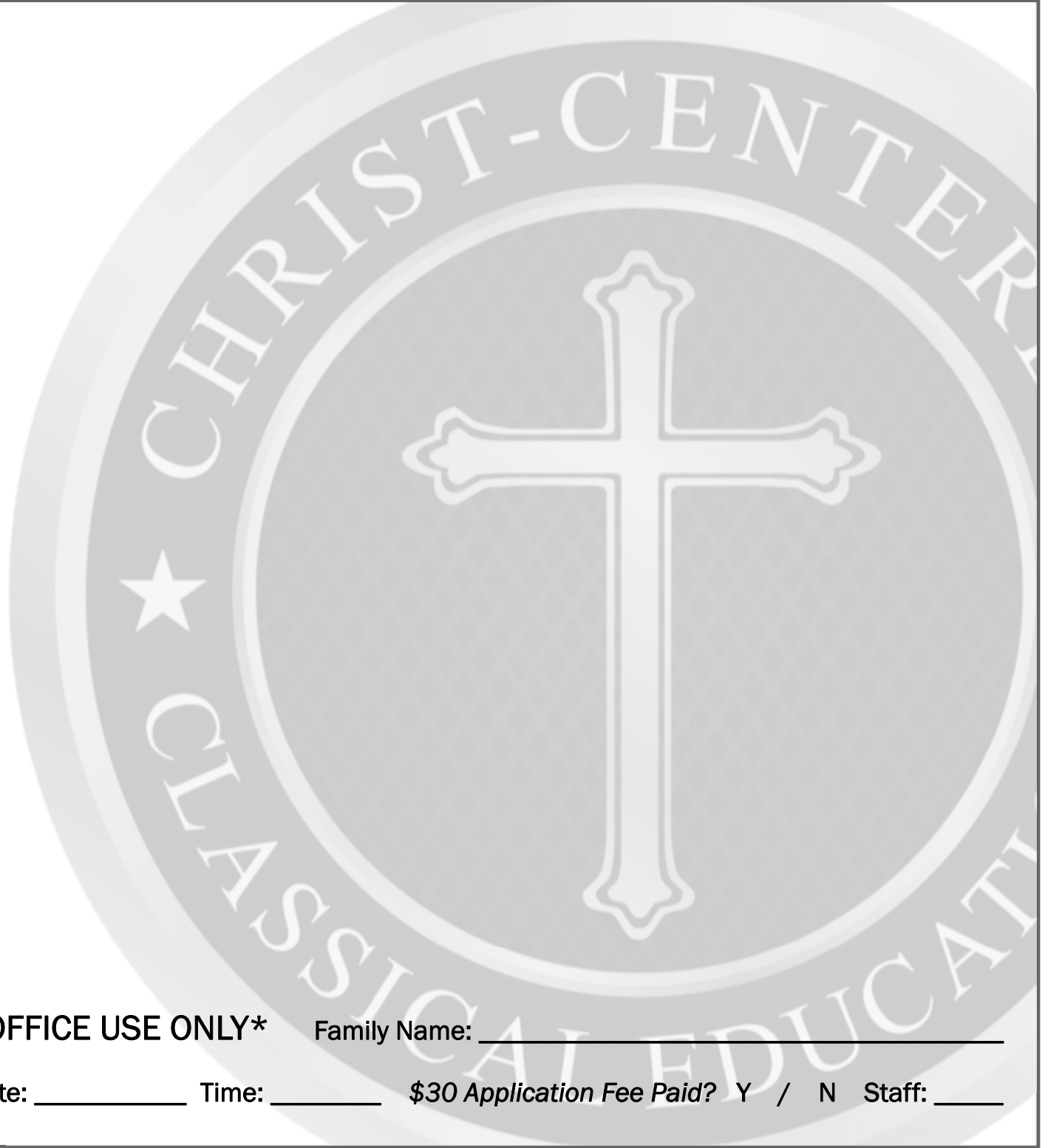




TRINITY
CHRISTIAN SCHOOL

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.

WELCOME LETTER

2018/ 2019 School Year

Dear Parent/Guardian:

Welcome to the admissions process of Trinity Christian School. Trinity is a Christ-centered school that uses the classical method of education. We are the only K-12 Classical Christian School in the Prescott area. The 2018/2019 school year will be the 16th year of our history.

God has used our school to “Build Tomorrow’s Leaders” and disciple students in a Biblical worldview. We are excited to see what God will continue to do through our school. We are thankful to Willow Hills First Southern Baptist Church for allowing us to rent their facilities and for their continued support of our ministry.

We hope you will enjoy looking through the information in this packet. Please fill out the application forms and return to our **Trinity Office at 1077 Mogollon Road, Prescott, AZ 86301**. Please give the “Pastoral Reference” form to a member of your church’s pastoral team and ask them to mail it to us. Once you have returned your completed packet, you will be notified of the next steps in the process, which will include: an academic assessment, a family interview, and a prayerful committee decision, which will be communicated within one week of the family interview. If you have any questions as you walk through this process, please feel free to give us a call at 928-445-6306. You may also check out our website at www.trinitychristianaz.com.

If you have more than one child, please obtain an **Additional Student Enrollment Application** for each additional child enrolling. The Additional Student Enrollment Application is shorter and will save you time and effort as we do not require you to fill out the “family” portion more than once!

Trinity Christian School is a community of believing parents who have come together for the purpose of raising their children in the Word and instruction of our Lord and Savior Jesus Christ. With these priorities, we commit to prayerful decision making in all admissions decisions and ask that you are prayerful throughout this process as well.

We are blessed to partner with parents to provide Christ-centered, biblically-based classical education that nurtures the whole child.

For the Glory of God,



Kyle Maestri, M.Ed.
Headmaster

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 & 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.)*

	Annual Plan Payment in full by August 1, 2018 and receive \$50.00 discount
	Monthly Plan 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 email at _____
	I would like to receive my monthly statement via standard mail as indicated on my Family Information Page.
	I would like to receive my monthly statement via standard mail 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.

	YES! I would like to participate in electronic funds transfer for my monthly tuition. <i>I've attached a voided check to set up my account.</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: _____	
--	--	--

Discounts & Scholarships

	We qualify for the Pastor's Child Discount . Pastor's Name: _____ Church: _____
	We qualify for the Willow Hills Member Discount .
	It is our understanding that we may qualify to receive Tuition Assistance 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. <i>We understand that by electing this benefit, we do not qualify to receive any other discounts outlined in this packet.</i>

***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: _____

CONSTITUTION & PREAMBLE FAMILY ACKNOWLEDGEMENT

CONSTITUTION / PREAMBLE

We believe that Christian parents are obligated to raise their children in the knowledge of the Lord and to nurture their obedience to Him. We see the Christian school as an extension of the Christian home to help fulfill this momentous educational responsibility in a distinctively Christian manner and context.

The Trinity Christian School community is committed to education of the whole child spiritually, intellectually, emotionally, socially, and physically. We are committed to the classical method of instruction known as the trivium of grammar, logic, and rhetoric and to the use of trustworthy resources that give the student a true knowledge of God, of man, and of all creation in correspondence with the written Word of God. We are committed to excellence of instruction in all relevant areas of knowledge and to the integration of all knowledge within the framework of the evangelical Christian faith. We welcome children from all ethnic, racial, social, and national backgrounds whose parents or legal guardians believe and adhere to Article I of this constitution.

ARTICLE I - STATEMENT OF FAITH

The following is the foundation of beliefs on which Trinity Christian School is based. They are also the key elements of Christianity that will be unapologetically taught in various ways through all grade levels. The substance of these statements is that which will be considered primary doctrine in Trinity. All board members and staff of Trinity must adhere to these foundational principles. Secondary or divisive doctrines and issues will not be presented as primary doctrine. When these types of doctrine or issues arise, they will be referred back to the family and local churches for final authority.

- We believe the Bible (containing 66 books Old and New Testament) to be the only inspired, inerrant, authoritative Word of God. (II Tim. 3:16)
- We believe that there is one God, creator of all things, eternally existent in three Persons: Father, Son, and Holy Spirit. He is omnipotent, omniscient, and omnipresent. (Deut. 6:4; Gen. 1:1, I John 5:7)
- We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal visible return in power and glory. (John 10:30; Matt. 1:18; Heb. 4:15; John 10:32; Rom. 3:25; Matt. 28:6; Rom. 8:34; Luke 21:27)
- We believe that for the salvation of all lost and sinful men, regeneration by the Holy Spirit is absolutely necessary. (John 3:3-8)
- We believe that salvation is by grace through faith alone. (Eph. 2:8)
- We believe that faith without works is dead. (James 2:17)
- We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life. (Gal. 5:16)
- We believe in the resurrection of both the saved and the lost, they that are saved to the resurrection of life, and they that are lost to the resurrection of condemnation. (I Thes. 4:16,17; II Thes. 1:9)
- We believe in the spiritual unity of all believers in our Lord Jesus Christ. (John 17:20-23)
- We believe that the term marriage has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture (Genesis 2:18-25). We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other (1 Corinthians 6:18, 7:2-5; Hebrews 13:4). We believe that God's command is that there be no sexual intimacy outside of or apart from marriage between a man and a woman.
- We believe that God wonderfully foreordained and immutably created each person as either male or female in conformity with their biological sex. These two distinct yet complementary genders together reflect the image and nature of God (Genesis 1:26-27).

ENROLLMENT PLEDGE

I have read the Trinity Christian School Constitution Preamble and do agree with and support that statement. I believe and adhere to the Trinity Christian School Statement of Faith. I will support the education of my children at Trinity Christian School by following its policies and rules, by providing a learning atmosphere at home, and by contributing volunteer time, when possible, for the operation of the school.

Parent / Guardian Name (Printed): _____

Signature: _____ Date: _____

Parent / Guardian Name (Printed): _____

Signature: _____ Date: _____

PARENTAL AGREEMENT

- I pledge to support the school personnel, programs and activities with prayer and communication, and, where possible, to serve as a volunteer in various capacities.
- I hereby agree to pay all my financial obligations to Trinity Christian School by the first day of each month. I understand that if my account becomes delinquent, progress reports and report cards will not be issued. I understand that if my account is past due at the end of the school year, my 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.
- I pledge to be in communication with my child's teachers.
- I pledge to support the disciplinary policies of the school and be an active participant in creatively finding solutions and/or ways of dealing with my child's behavior and heart.
- I pledge to be a supporter of the school in the community, avoiding any type of gossip or rumors that do not reflect Christian character.
- I pledge to follow Biblical models for conflict resolution of any kind that I may have with Trinity and any employee, board member or parent of any student at Trinity Christian School.
- I understand that the Trinity Christian School Board has all authority in the acceptance or removal of my student from the school at any time.
- I understand that if I remove my child from the school, I will receive back none of that month's tuition.
- I understand that in the event I should decide to remove my child from the school during the school year, my child's records will not be released until I am current in my tuition payments.
- I understand that tuition does not cover all expenses for a growing and developing school and that Trinity must rely on fundraising in order to move forward on important growth initiatives. As a result I commit to contribute in one way or another, whether through time or finances to one of the major fundraising campaigns held this year.

Parent / Guardian Name (Printed): _____

Signature: _____ Date: _____

Parent / Guardian Name (Printed): _____

Signature: _____ Date: _____

Trinity Christian School is a religious, non-profit Christian School representing Jesus Christ throughout the evangelical Christian community with all Biblical standards of moral conduct.

Trinity hereby expects and requires the Trinity Christian School community to maintain a lifestyle based on Biblical standards of moral conduct. All are admonished to live a life led by the Spirit of God according to His Word bearing the fruits of the spirit which are love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control (Galatians 5:22).

Moral misconduct is defined as violating Biblical standards of moral behavior. Such violations include, but are not limited to, promiscuity or homosexual behavior or any other violation of the unique roles of male and female in human sexual relations, adultery, impurity, idolatry, witchcraft, sorcery, enmities, strife, jealousy, outbursts of anger, envying, drunkenness, carousing, and things like these. (Romans 1:21-27, I Corinthians 6:9-20, Galatians 5:19-21). Trinity believes that Biblical marriage is limited to a covenant relationship between a man and a woman.

It is the goal and desire of Trinity that the Trinity Christian School community would have a lifestyle in which God "might have preeminence" (Colossians 1:18, KJV).

All Trinity Christian School functions and services are private meetings held on private property according to the policies and procedures followed by Trinity and should not be considered open to the general public under all circumstances. The Trinity leadership reserves the right to remove any participant for any reason in the leadership's sole discretion. A Trinity community member/participant/student may be dismissed/removed from any Trinity function or asked not to return if he/she demonstrates by conduct or spirit that he/she is out of harmony with the Statement of Faith, the spirit, or the policies of Trinity whether on or off property as determined in the sole discretion of the Trinity leadership. Readmission considerations following dismissal/removal will be determined on a case-by-case basis.

PARENTAL SUPPORT

Parental support is an essential part of the educational process. If, in the sole discretion of the Trinity leadership, a parent (whether they be a Trinity community member or not) has failed to support the Administrator or staff or the standards articulated in the ministry's Statement of Faith, the Trinity leadership reserves the right to deny the student continued enrollment in the school.

I understand and agree that failure to maintain a lifestyle based on Biblical standards of conduct as defined above and throughout the school's literature may serve as grounds for dismissal of any Trinity community member and/or their student(s).

Parent / Guardian Name (Printed): _____

Signature: _____ Date: _____

Parent / Guardian Name (Printed): _____

Signature: _____ Date: _____

FAMILY INFORMATION

Family Name			
Student Last Name		First Name	Middle Name
Date of Birth (MM/DD/YYYY)	Age	___Male ___Female	Apply for Grade:

Parent / Guardian Information

Last Name	First Name	Relationship to Student
Last Name	First Name	Relationship to Student

Contact Information

Street Address	City	State / Zip Code
Mailing Address (if different than Street Address)	City	State / Zip Code
Parents Are: ___Married ___Separated ___Divorced ___Father Deceased ___Mother Deceased		
Student(s) Live With: ___Both Parents (same household) ___Both Parents (separate households) ___Mother ___Father		
Home Phone	Home Phone 2 (if separate households)	
Mother's Cell Phone	Father's Cell Phone	
Mother's Email Address	Father's Email Address	

Sibling Information

Name	Age	Grade	School
Name	Age	Grade	School
Name	Age	Grade	School

Parent / Guardian Employment Information

Father's Occupation	Mother's Occupation
Employer	Employer
Work Address	Work Address
Work Phone	Work Phone

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:

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:

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.

Briefly state your child's strengths and weaknesses.

List student's interests and extra curricular activities.

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:**

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

Please list any **CURRENT MEDICATIONS:**

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

Parent Spiritual Information

	Father	Mother
How long have you been a Christian?		
Do you attend church regularly?		
Are you involved in any ministries, Bible studies, or church leadership? <small>If so, please explain:</small>		

On what basis do you believe you are saved?

Student Spiritual Information

Please check all applicable options.

- | | |
|---|---|
| <input type="checkbox"/> Student attends church regularly | <input type="checkbox"/> Student attends Sunday School |
| <input type="checkbox"/> Student is active in youth group | <input type="checkbox"/> Student is active in other church activities |

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

Yes No

Please explain:

Parent / Guardian Name (Printed): _____

Signature: _____ Date: _____



APPLICANT PASTORAL REFERENCE

Date: _____

Dear Pastor,

The _____ Family is in the process of applying for their child(ren) to attend Trinity Christian School. We would appreciate your willingness to answer the following questions from your knowledge of the family. Please mail, fax, or email this completed form to Trinity Christian School at your earliest convenience, using the contact information listed below.

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

Thank you,

~~Cary Twiss~~

Cary Twiss
Registrar, Trinity Christian School

Name (First & Last)	Position
Church Name	Church Phone
Church Address (Street / City / State / Zip)	

How long have you known this family?

Does this family hold membership at your church? Yes No Unsure

Does this family attend church regularly? Yes No Unsure

Does this family have a genuine concern for spiritual matters? Yes No Unsure

Additional Comments:

Pastor 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

Questions? Give us a call!

928-445-6306