



TRINITY SCHOOL  
4985 Ilchester Road  
Ellicott City, Maryland 21043  
(443) 498-5040 [ADMINTRIN@TRINITYSCHOOLMD.ORG](mailto:ADMINTRIN@TRINITYSCHOOLMD.ORG)

**APPLICATION FOR ADMISSION**

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

HOME TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RELIGION \_\_\_\_\_

SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

APPLYING FOR GRADE \_\_\_\_\_ YEAR \_\_\_\_\_

IS EITHER PARENT A GRADUATE OF TRINITY? FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

SCHOOL CHILD LAST ATTENDED \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME OF FATHER \_\_\_\_\_

NAME OF MOTHER \_\_\_\_\_

ARE PARENTS: SEPARATED YES \_\_\_\_\_ NO \_\_\_\_\_ DIVORCED YES \_\_\_\_\_ NO \_\_\_\_\_

FATHER'S BUSINESS TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

MOTHER'S BUSINESS TELEPHONE (\_\_\_\_\_) \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

A NONREFUNDABLE FEE OF \$75.00 IS REQUIRED WITH THIS APPLICATION. THANK YOU!

If a student is not admitted to Trinity, the application is maintained and placed in the next grade level.

PLEASE ANSWER THE QUESTIONS ON THE OTHER SIDE.

1. Why do you think TRINITY is the school for your child?
  
2. What do you expect Trinity specifically to do for your child?
  
3. As a parent, how do you see your role in your child's educational process?
  
4. Briefly describe the structure of the school your child is attending. (traditional, open space, etc.)
  
5. Is your child accustomed to having homework?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
6. Give some general comments on your child's study habits, as you perceive them.
  
7. Has the applicant any kind of health problem?
  - a) Allergies, asthma, etc.
  
  - b) Would there be anything that might interfere with regular schoolwork or athletics?
  
8. What do you consider your child's:
  - a) Strengths:
  
  - b) Interests:
  
  - c) Needs: