

TRINITY SCHOOL  
FINANCIAL ASSISTANCE PROGRAM  
NEW APPLICANT QUESTIONNAIRE

STUDENT NAME: \_\_\_\_\_

STUDENT GRADE: \_\_\_\_\_

CURRENT TRINITY STUDENT (Y/N) \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PARENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PARENT PHONE NUMBER: \_\_\_\_\_

1. HOW DO YOU SEE TRINITY'S EDUCATIONAL PROGRAM AS MORE  
SUITABLE TO YOUR CHILD'S NEEDS THAN OTHER SCHOOLS' PROGRAMS?

2. WHAT DO YOU SEE AS THE RESPONSIBILITIES OF PARENTS WHO ARE  
MEMBERS OF THE TRINITY SCHOOL COMMUNITY?

PLEASE RETURN THIS FORM TO: [kspiegel@trinityschoolmd.org](mailto:kspiegel@trinityschoolmd.org)

Trinity School, Inc.  
Attn: Sr. Catherine Phelps, Principal  
4985 Ilchester Road  
Ellicott City, MD 21043

DEADLINE: IN OUR OFFICE BY JANUARY 3, 2012.