

GUIDANCE INFORMATION

If the applicant has attended Pre-K programs in the past, please include the complete address of the last school attended.

School Address City State Zip Phone

Has the applicant ever received counseling? Yes [] No [] If yes, please share information about the counseling to help us better understand your child's needs: _____

Has applicant ever been diagnosed with any learning and/or emotional issues? Yes [] No [] If yes, please specify: _____

Is there any reason why the applicant should not take part in Trinity School programs that require physical activity? Yes [] No [] If yes, please explain: _____

Please share any information regarding any special health or physical needs your child may have: _____

STUDENT INTERESTS AND ACTIVITIES

Parent: Please describe your child's present interests and activities.

PARENT STATEMENT

Please write a paragraph indicating what you hope your child will gain from a Trinity School education. (Please use a separate page if necessary.)

FAMILY INTERESTS AND ACTIVITIES

Parents: Trinity School is a community-based school where parental and student involvement is integral to the school’s success. What talents, training or interests would your family bring to Trinity School?

PRE-K PROGRAM DESIGNATION

The Pre-Kindergarten program has three enrollment options. Please rate your preference (1st, 2nd, 3rd choice) for the option you would choose for your child to attend. Please indicate NO if you will be unable to accept an option. The school will try to accommodate these preferences but cannot guarantee that your 1st choice will be available.

5-Day Option (Monday-Friday) _____

3-Day Option (Monday/Wednesday/Friday) _____

2-Day Option (Tuesday/Thursday) _____

Notes:

- Applicants must be at least three or four years old by September 1 of the year they plan to enter the Pre-K program.
- Applicants with an Individual Education Plan (IEP) must submit a copy of the IEP with the application.
- Independent toileting is required to attend Trinity Pre-School.

Future Plans:

Do you plan to have your child continue with Trinity School when he/she reaches the age for kindergarten? Yes [] No []

Parent/Signature _____ Date _____

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

Please return completed application and fee to:

Trinity School, Admissions Office
4985 Ilchester Road
Ellicott City, MD 21043