APPLICATION FOR ADMISSION

Trinity Christian School
1010 India Road
P.O. Box 311
Opelika, AL 36801
Phone: 334-745-2464
tcsopelika.org

TRINITY
CHRISTIAN SCHOOL
A Classical and Christian Academy

For Office Use Only:
_____ Date Received
_____ Application Fee
_____ Birth Certificate
_____ Immun. Records
_____ Pastor Reference
_____ Grades/Scores
_____ Social Security Card
_____ Other Information

Application for Admission

The following procedure is followed when making application to Trinity Christian School:

- Complete the Trinity Christian School online inquiry located on our website: www.tcsopelika.org
- Ask your pastor to complete our Minister's Reference form and return it to the school office.
- Submit to the school office a completed application along with the following items:
  - student's grades and standardized achievement scores for the previous two years
  - copies of all professional evaluations regarding any learning difficulties the student might have
  - non-refundable application fee of $300.00 for each student
  - copy of student's birth certificate, immunization records, and Social Security Card
- Upon receipt of these forms we will schedule an interview for both parents with a Dean and the Head of School.
- The admissions director will schedule a testing date for your child to determine grade placement.
- The school will send you a follow-up letter indicating acceptance status of your student.
- Upon acceptance a $500 per family registration fee is required to save your student's place in the class.
- Application and Registration Fees increase after June 30. See Financial Information Sheet.

Applying for Grade: _____ School Year: _____

Student: _____
Last First Middle Preferred Name

Address: _____
Street City State Zip

Date of Birth: _____ Age: _____ Place of Birth: _____

Student SSN: _____ Circle One: Male or Female

Family Information:

Father's Name: _____ Mother's Name: _____
Last First Middle Last First Maiden

Email Address: _____ Email Address: _____

Occupation: _____ Occupation: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Church Presently Attending: _____ Church Presently Attending: _____
Church Address: _____ Church Address: _____
Phone number _____ Phone number _____
Are you an active member? Yes No Are you an active member? Yes No
Pastor's Name: _____ Pastor's Name: _____

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Marital Status of the parents? _____ Is the child living with at least one parent? _____

If "no", with whom is the student living? _____

If parents are divorced or separated, who has legal custody of the child? (Name of legal guardian if other than parent.)

_____

Is this your biological child or adopted child? ❑ Biological ❑ Adopted If adopted date of adoption _____

If there are other children in the family, please complete the following:

Name: _____ Age: _____ Gender: _____ School: _____

Name: _____ Age: _____ Gender: _____ School: _____

Name: _____ Age: _____ Gender: _____ School: _____

Name and address of living grandparents:

_____

Name Address City State Zip Phone

_____

Name Address City State Zip Phone

Student Information:

Please list schools previously attended:

School Address Dates Grades Completed

_____

_____

_____

Describe the child's special interests, talents, abilities: _____

_____

What physical limitations, if any, does the child have? _____

_____

What difficulties, if any, does the child experience in learning? _____

_____

Has the child been tested regarding this difficulty? Yes No If yes, by whom and when? _____

_____

Has the child ever received intervention, special services, accommodations, or therapies of any kind? (Physical, speech, or learning related, etc.) Please describe.

_____

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Has the child ever failed a grade? Yes No If yes, state grade: _____

Has the child ever been suspended from school? _____ Expelled? _____ Or asked to withdraw?_____

If the child is transferring from another school, is there a reason that he could not be re-admitted to that school? Yes No

If you have answered yes to any of the above questions, please explain on a separate sheet of paper.
Has your child ever had any encounters with the civil authorities for disciplinary or corrective purposes? _____
If yes, please explain on a separate sheet of paper.

Do you have any exceptions with the Westminster Confession of Faith? If so, specify.

_____

_____

_____

Why do you want your child to attend Trinity Christian School?

_____

_____

_____

_____

_____

What is the highest grade-level that you intend your child to attend at Trinity? (We offer K – 12) _____

Statement of Support:
Are you willing for your child to receive academic training from a Christian perspective, and will you support the school in its endeavors to encourage and to guide your child in applying that Christian perspective to all areas of life?
_____ yes _____ no

If our child is accepted for enrollment in Trinity Christian School, we agree to support the school's program and policies as outlined in the School Handbook.

Signature: Father: _____ Date: _____

And Mother: _____ Date: _____

Or Guardian: _____ Date: _____

Trinity Christian School admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities made available to the students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration or its educational policies, admission policies, scholarships, athletics, or any other school administered programs.

Trinity Christian School is a ministry of Trinity Presbyterian Church

Revised 7/2026