



TRINITY SCHOOL
AT RIVER RIDGE

The Heart of KnowledgeSM

601 RIVER RIDGE PARKWAY
EAGAN, MN 55121

APPLICATION FOR ADMISSION

A Non-Refundable Fee of \$50.00 Must Accompany This Application

For Admissions Office Use:

Check Number _____

Family Number _____

STUDENT DATA

Last Name _____ First Name _____ Middle Name _____

Street Address _____ City _____ St _____ Zip _____

Telephone _____ Gender M ___ F ___ Date of Birth _____

Applying for Grade: 7 ___ 8 ___ 9 ___ 10 ___ 11 ___ 12 ___ Entering: Year 20 _____

School Now Attending _____ Years Attended _____

Religion _____ Parish/Congregation _____

Resides in School District # _____

Student resides with: Parents _____ Mother _____ Father _____
 Mother & Stepfather _____ Father & Stepmother _____
 Guardian-Explain _____

ETHNIC AFFILIATION (OPTIONAL, FOR STATISTICAL PURPOSES ONLY)

Native American ___ African American ___ Caucasian ___ Asian/Pacific Islander ___
 Latino/Hispanic ___ Mixed Race/Bi-racial ___ Other—Explain _____

FAMILY DATA

BROTHERS & SISTERS AT HOME	SCHOOL	DATE OF BIRTH	GRADE

BROTHERS & SISTERS WHO GRADUATED FROM TRINITY SCHOOL AT RIVER RIDGE (Include Maiden Name Where Applicable)	YEAR OF GRADUATION

MOTHER/GUARDIAN

Name _____ Home Phone _____

Email _____ Cell _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Address, if different from student _____

City _____ State _____ Zip _____ Telephone _____

Employer _____ Work Phone _____

Job Title _____

If Remarried, Name of Spouse _____

FATHER/GUARDIAN

Name _____ Home Phone _____

Email _____ Cell _____

Marital Status: Married _____ Single _____ Divorced _____ Separated _____ Widowed _____

Address, if different from student _____

City _____ State _____ Zip _____ Telephone _____

Employer _____ Work Phone _____

Job Title _____

If Remarried, Name of Spouse _____

Please Send School Publications to Grandparents or Other Interested Persons:

1) Name _____ Relationship _____

Address _____ Telephone _____

2) Name _____ Relationship _____

Address _____ Telephone _____

TRINITY EDUCATIONAL MISSION

The mission of Trinity Schools, is to impart basic ordered knowledge about the world and to train students in basic intellectual skills and qualities of mind so that they might be of use to God in the wise care and governance of his creation and in the building of his kingdom. We accomplish this by establishing a culture marked by the discovery of truth, the practice of goodness, the creation of beauty, and the development of intellectual and aesthetic habits of mind. Trinity School is a community of learners characterized by the rigorous exploration of reality, the free and disciplined exchange of ideas, and active participation in the fine arts.

PARENT RESPONSE

Please let us know how you heard about Trinity School at River Ridge and why you are choosing Trinity School for the education of your son or daughter. If needed, attach additional sheets to complete your response.

REFERRAL INFORMATION

Were you introduced to Trinity school by a current Trinity family? Yes _____ No _____
If so, by whom? _____