



# Trinity School at Greenlawn

107 S. Greenlawn Ave • South Bend, IN 46617 • 574-287-5590 • Fax 574-236-6628 • info.gl@trinityschools.org

## Application for Admission

### PLEASE COMPLETE BOTH SIDES

Trinity School admits students of any race, color, national or ethnic origin to all rights, privileges, programs and activities of the students at the school. We do not discriminate on the basis of race, color, national or ethnic origin in the administration of our educational policies, admissions policies, scholarship programs, athletic programs or any other school-administered programs.

Application for grade Circle One: 7 8 9 10 11 12	School year: 20__ to 20 __	Date of application: _____
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Legal name of applicant (last, first, middle):	Gender: M F	Date of birth:	Current grade:
Address:		Phone: ( )	
City:	State:	Zip:	
Religious affiliation:	Race/Ethnicity: please check one (optional) <input type="checkbox"/> Asian or Pacific Islander (includes Indian sub-continent) <input type="checkbox"/> African American (not of Hispanic origin) <input type="checkbox"/> Hispanic (Spanish culture or origin, regardless of race) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> White (persons not of Hispanic origin, having origins in any of the original peoples of Europe, North Africa, or the Middle East) <input type="checkbox"/> Other _____		
Current school and address:			

### Family Data:

<b>Father's</b> full name:	Living _____ Deceased _____
Home address:	Home phone: ( )
City:	State: Zip:
Occupation:	Employer:
Work phone: ( )	Email address:
<b>Mother's</b> full name:	Living _____ Deceased _____
Home address:	Home phone: ( )
City:	State: Zip:
Occupation:	Employer:
Work phone: ( )	Email address:
Marital status of parents: Married ____ Divorced* ____ Separated* ____ Single ____ Remarried* ____	Applicant lives with (check all that apply): Both parents ____ Mother ____ Father ____ Stepmother ____ Stepfather ____ Legal guardian(s) ____ Grandparents ____ Relatives ____ Other (please explain) ____
<b>*We require a copy of custody/guardianship papers.</b>	
Name of guardian with whom child is living (if not listed above):	
Relationship to applicant:	Work phone: ( )
Occupation:	Employer:
Email address:	

**Siblings living at home:**

Name:	Date of birth:	Current grade:	Gender:

Has the applicant ever been suspended, dismissed or recommended to withdraw from any school for any reason?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give the name, address and phone number of the school(s) below.

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Has the applicant ever been tested for learning or emotional disorders, physical or academic impairments, etc. relating to academic progress? Yes \_\_\_\_\_ No \_\_\_\_\_

Has the applicant ever received any special services for learning or emotional disorder, physical or academic impairment, etc. relating to academic progress? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either of the above two questions, please attach an explanation.

Are you planning to send your child to Trinity School for grades seven through twelve, or are you considering Trinity School primarily for the seventh and eighth grades? 7-12 \_\_\_\_\_ 7-8 \_\_\_\_\_

**Signatures of parents/legal guardians:**

\_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

**A non-refundable fee of \$50.00 must accompany this application.**