

Pre-Enrollment Application TRINITY INTERNATIONAL SCHOOLS

Date: _____

Student's Name: _____ Grade for which applying: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Responses on this application will be a factor in determining your student's eligibility for enrollment at Trinity International Schools.

Please indicate by numbered priority (1=highest, 2, 3) the reason(s) you would choose a private Christian School for your student's education:

- | | |
|-------------------------------|--|
| _____ High academic standards | _____ Association with Christian families |
| _____ A safe environment | _____ Moral and ethical standards of behavioral expectations |
| _____ Positive peer group | _____ Opportunities for extracurricular programs(sports, clubs, service organizations) |
| _____ Class size | _____ Christian training (Bible classes, chapel, and Christian staff) |
| _____ Other | _____ |

Student is presently enrolled at: _____ in grade

Address, City, State :

Principal or Counselor's Name:

Complete Education History: List all schools attended and dates (month/year) of attendance.			
School	Location (City/State)	Grade(s)	Dates (mo/yr)

What church do you and your student attend? _____

How often do you attend? _____

Has your child ever been transferred for testing for a learning disability? Yes _____ No _____

List the number of days your child has been absent from school during the most recent school year:

Total absences _____ Number of unexcused absences _____

You Are invited to attach an explanation or documentation for any "yes" answer to the following questions.

- | | | |
|--|-----------|----------|
| Has your child ever been suspended from school because of a discipline problem? | YES _____ | NO _____ |
| Has your child ever been expelled from or asked to withdraw from a school? | YES _____ | NO _____ |
| Has your child ever illegally used drugs, alcohol, or tobacco products of which you are aware? | YES _____ | NO _____ |
| If yes, has your child ever been in a drug/alcohol rehabilitation program? | YES _____ | NO _____ |
| Is your child currently or has your child ever been involved in any gang activity? | YES _____ | NO _____ |

I understand that my child is subject to dismissal from school if information gathered from the appropriate source that the above information is not true and accurate.

Signature Mother/Guardian

Signature Father/Guardian

TRINITY INTERNATIONAL SCHOOLS

700 EAST ST. LOUIS AVENUE
LAS VEGAS, NV 89104
702-732-3957 FAX 702-784-0192
TRINITYLV.ORG

Request for Student Records

Date: _____

To: _____
(Name of School)

Address _____

City _____

State _____ Zip _____

STUDENT NAME: _____ DOB: _____

The following will be filled out by Trinity International Schools

The above named student has applied to Trinity International Schools for grade: _____

Please Send The Following records:

- Transcript of grades and credits earned
- Key to grading system if percentages are used
- Grades to date of leaving if student left before end of term
- Dates of entrance and withdrawal
- Proficiency Test results
- Test data
- Discipline record and pertinent guidance information
- Health records, including immunization dates
- Birth Certificate (Copy)

Please Mail To: *Trinity International School
700 East St. Louis Avenue
Las Vegas, NV 89104*

Please Note: Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights Privacy Act, Final Rule on Educational records, Federal register, June 17, 1976, Vol.41)

RECOMMENDATION
TRINITY INTERNATIONAL SCHOOLS

Student Name: _____ Present School _____

Dear Principal, Counselor, Dean or Teacher:

The above named student has applied for admission to Trinity International Schools. Please have this form completed by the person who best knows the student. Thank you for your help.

SCHOOL ATTENDANCE AND TARDIES Days absent/tardy per semester _____

DISCIPLINE

Well Some Many
Behaved Difficulty Difficulties

Classroom behavior _____

Interaction with other students _____

Respect for teacher/administrator _____

Has the student been involved in any major disciplinary infraction within the last 12 months?

YES ____ NO ____ If yes, please explain: _____

Has there ever been any suspicion of gang involvement?

YES ____ NO ____ If yes, please explain: _____

Any further comments you would like to make regarding discipline:

Please rate this student from 1(low) to 4(high) in each of the categories listed. Circle the appropriate number.

CHARACTER

Honesty, Integrity	1	2	3	4
Kindness	1	2	3	4
Leadership	1	2	3	4
Respect for others	1	2	3	4
Self Control	1	2	3	4
Gets along with peers	1	2	3	4

WORK HABITS

Follows directions	1	2	3	4
Completes tasks	1	2	3	4
Contributes positively to class	1	2	3	4
Participates with class activities	1	2	3	4

ACADEMIC ABILITY

Performs at ability level	1	2	3	4
Performs at grade level	1	2	3	4
Completes homework	1	2	3	4

GENERAL COMMENTS: _____

Please add any general comments that have not been addressed of which you feel would be important for us to be aware:

Recommendation Completed by: (print name) _____

Signature: _____ Position: _____

How long have you know the applicant? _____ Date: _____

Name of School: _____

Address: _____ Telephone: _____

2/10/2011

Please return this form to:
Trinity International Schools, 700 East St. Louis Avenue Las Vegas, NV 89104