



Mission Statement

To nurture learners to achieve their maximum potential in academics, athletics, humanities and Christian service with integrity and pride for our school and the international community.

2011-2012

STUDENT NAME: _____ **GRADE:** _____

The following documents must be attached to this application. Please note: the requested information is required by the school and failure to provide requested information will hold up registration

FORMS AND DOCUMENTS REQUIRED TO COMPLETE REGISTRATION

- Health Record/Information Form
- Parent/Student Agreement Form
- Videography Permission
- Internet Acceptable Use Policy Agreement
- Student Information Form
- Financial Responsibility Contract
- FACTS Tuition Agreement Form
- Current Immunization Records

NEW STUDENTS

- Request for Student Records Form
- Letters of Recommendation:
 - ___ Recommendation from previous school
 - ___ Pastor/Youth Pastor
 - ___ Community Member
- Birth Certificate

INTERNATIONAL STUDENTS

- Original I-20
- Passport.

As per the Financial Responsibility Contract “**Enrollment is complete when all forms and records are received** and the previous school records concur with application and registration information.”

School Recommended to me by: _____ (optional)

NOTICE OF NONDISCRIMINATION

Trinity International Schools admits students of any race, religious preference, color, gender, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded, or made available to, students at the school. It does not discriminate on origin in administration of its educational policies or other school administered programs.

Students, parents and other program participants who feel discriminated against may initiate a complaint by contacting the Principal of Trinity International Schools. Concerns may also be addressed by writing a letter to the Trinity International Schools Board of School Trustees, 700 East St. Louis Ave., Las Vegas, NV 89104.

Trinity International Schools

2011-2012 Health Information Form

To be completed by Parents/Guardians of student.

Student Name _____ Sex _____ Grade _____
Last First Middle

Date of Birth ____/____/____ State or Country of Birth _____

First person to be contacted in an emergency	Second person to be contacted in an emergency	Third person to be contacted in an emergency
Name	Name	Name
Relationship?	Relationship?	Relationship?
Daytime phone	Daytime phone	Daytime phone
Evening phone	Evening phone	Evening phone
Cell phone	Cell phone	Cell phone
Address	Address	Address
City State Zip	City State Zip	City State Zip
Any additional phone numbers?	Any additional phone numbers?	Any additional phone numbers?
Authority to make medical decisions for child? <input type="checkbox"/> NO <input type="checkbox"/> YES	Authority to make medical decisions for child when 1st person unavailable? <input type="checkbox"/> NO <input type="checkbox"/> YES	Authority to make medical decisions for child when 1st or 2nd person unavailable? <input type="checkbox"/> NO <input type="checkbox"/> YES

Chronic or Special Health Conditions	Current Treatment		Note conditions or surgeries that the school should know regarding conditions
	Yes	No	
	Meds	Other	
Arthritis (rheumatoid)			
Asthma			
Attention Deficit Disorder			
Autism			
Cerebral Palsy			
Cystic Fibrosis			
Dental Problems			
Diabetes			
Head or Spinal Injury			
Hearing Impairment			Hearing Aid? <input type="checkbox"/> NO <input type="checkbox"/> YES
Heart Disease			
Hyperactivity (with or without ADD)			
Kidney Disease			
Muscular Dystrophy			
Turret's Syndrome			
Seizures			
Sickle Cell Disease (not trait)			
Spinal Bifida			
Visual Impairment			Glasses, Contact Lenses, other:
Allergies:			
Other:			

Name of Child's Physician _____ Phone _____

- Initial _____ I understand that the school does not employ a school nurse; that the school staff administers medications only as directed in writing by your physician.
- Initial _____ I understand that all medications need to be in the office, with the possible rare exception of an inhaler or medical equipment that must be on the person of the child.
- Initial _____ I authorize school personnel to secure medical treatment in the case of an emergency or perceived emergency regarding my child.
- Initial _____ I understand that I, or an authorized emergency contact, will be communicated with as soon as feasible, but the priority will be my child.
- Initial _____ I understand that in situations that involve an injury that is not a critical emergency, a parent or guardian will be called to take the child for the medical care of family choice. The school staff may suggest information from observations, but the appropriate medical treatment is the sole determination of the family and their physician.
- Initial _____ I understand that such medical treatment will become the financial obligation of my insurance carrier, and that the school only carries secondary insurance.

_____ **Parent/Guardian Signature** Date _____

Trinity International Schools

Parent/Guardian and Student Agreement

Student Name _____ Grade _____

Parent/Guardian *(please initial by each item)*

- I agree to encourage my student to abide by all the rules and regulations that are stated in the Parent/Student Handbook. (For example: code of ethics, dress code, attendance)
- I will support the values and Christian principles that my student is being taught at TIS.
- I understand that it is important for my student to attend church regularly to reinforce the values and Christian principles that are taught at Trinity International Schools.
- I will take an active role in my student's education by overseeing homework assignments and special projects, returning paper work that needs to be signed and returned, and participating in parent/teacher meetings and special events involving my student and the school program.
- I will give the administration and the faculty discretion to employ wise discipline under the guidelines of the Parent/Student Handbook.
- I understand it is at the school administration's discretion to dismiss a student who does not respect the standards or cooperate in the academic program or disregards the rules and regulations set forth in the Parent/Student Handbook.
- I agree to accept the responsibility for any physical or structural damage done by my student to the school facility.
- I understand that additional fees that my student incurs, including athletic fees, before or after school care fees, book fines, etc, will be assessed to my student's account and paid in a timely manner, or late fees will also be assessed.
- I understand that I/we must immediately inform the school office of any changes to my address, phone number, employment or emergency contact information.

Student *(please initial by each item)*

- I understand that I must abide by all the rules and regulations that are stated in the Parent/Student Handbook. (For example: code of ethics, dress code, attendance).
- I will support the values and Christian principles that are taught:
- I understand that it is important for me to attend church regularly to reinforce the Biblical principles that are taught at Trinity International Schools.
- I will take an active role in my education.
- I understand that the administration and the faculty have discretion to employ wise discipline under the guidelines of the Parent/Student Handbook.
- I understand it is under the administration's discretion to dismiss a student who does not respect the standards or cooperate in the academic program, or disregards the rules and regulations set forth in the Parent/Student Handbook.

⇒ _____ **Parent/Guardian Signature** Date _____

⇒ _____ **Student Signature** Date _____

USE OF PHOTOGRAPHY AND VIDEOGRAPHY PERMISSION AGREEMENT

Occasionally, the school utilizes videography as part of an educational project for security purposes, or for the teacher to observe his or her own teaching. Photographs of children are occasionally used for promotional materials, such as brochures that promote the school or the school web site. We need your permission and release for the use of the images of your children.

If, for some reason, you cannot sign this release/permission slip, you must contact the school office so that we are aware of your reservations and can accommodate them.

I give permission for my student, _____ to be photographed or videographed. I understand that the videos and photographs are to be used for educational purposes, security, or for occasional promotional purposes, such as a school brochure or web site.

Photos or video tapes are not intended for profit or sold to any entity, and will not be released for any purpose to a third party. I further understand that, should my child's picture be in a Trinity publication, that there is no financial remuneration for the use of the picture.

⇒ _____ **Parent/Guardian Signature** Date _____

Trinity International Schools
Internet Acceptable Use Policy
AGREEMENT FOR STUDENT AND PARENT/GUARDIAN

Student Name _____ **Grade** _____

INTERNET GUIDELINES

Trinity's purpose in providing access to the Internet is to support research and education by providing access to unique resources and the opportunity for collaborative work. Not all of the content consists of educational value, especially in the context of the school setting. The use of an account must be in support of education and research which is consistent with the educational objectives of Trinity International Schools. Sites that are opposed to the Christian philosophy are also not appropriate for purposes unrelated to school-related research. Sending or receiving of any material in violation of any U.S. or state regulation is prohibited.

The use of the internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The system administrators and teachers will deem what is inappropriate use and their decision is final. The system administrators, the administration, faculty, or staff of Trinity International Schools may request the system administrator to deny, revoke, or suspend specific user accounts. Before access is granted, each user must receive training and agree to the regulations. Parents have the option of denying their child individual access to the Internet.

The signatures on this document are legally binding and indicate that those who signed have read the terms and conditions carefully and understand their significance.

RULES FOR INTERNET USE

You have full responsibility for the use of your account. You will be held responsible for any violations of these rules that can be traced to your account.

1. **Never share your password or account with anyone.**
2. **Do not vandalize computers, software, or network devices.**
3. **Obey the rules of copyright.**
4. **Do not download software without written permission of the system administrator.**
5. **Do not post personal communications in a public forum without the system administrator's prior consent.**
6. **Chat rooms are unacceptable.**
7. **Do not use the network for any illegal activities.** Illegal activities include tampering with computer hardware or software, unauthorized entry into computers, or vandalism or destruction of computer files. In some cases, such activity is considered a crime under state and federal law.
8. **Do not deliberately spread computer viruses.** Computer viruses are programs that have been developed as pranks, and can destroy valuable programs and data. Deliberate attempts to degrade or disrupt system performance of the local school network or any other computer system or network on the Internet by spreading computer viruses is considered criminal activity under state and federal law. Notify teacher or staff of any suspected virus activity.
9. **Use appropriate language.** Profanity or obscenity will not be tolerated on the school network. You must use language appropriate for school situations as indicated by school policy.
10. **Avoid offensive or inflammatory speech.** Internet users must respect the rights of others both in the local community and in the Internet at large. Personal attacks are an unacceptable use of the network. If you are the victim of a personal attack, ("flame") bring the incident to the attention of a teacher or system administrator.
11. **Never input or release any personal information.** Examples are, full name, address, school, city, or phone number.
12. **Do not use a school account to post anonymous or false information.** Individuals must take responsibility for their actions and words.
13. **Do not intentionally search for, view, and/or distribute inappropriate materials.**

PARENT OR GUARDIAN PERMISSION

I have read and understand the Trinity International Schools Internet Policy. I also understand that this access is designed for education purposes and that school personnel will make every effort to properly supervise my student's use of network services. I understand that since it is technically impossible for Trinity International Schools to restrict access to ALL controversial materials, I will not hold them responsible for controversial materials inadvertently acquired on the network. I hereby give permission for my child to have individual Internet access.

⇒ _____ **Parent/Guardian Signature** Date _____

STUDENT AGREEMENT

I understand that use of school network services, including Internet access, is a privilege, not a right. After reading the Acceptable Use Policy and the Rules for Internet Use, I understand and will abide by the Trinity International Schools Network Use Guidelines. I also understand that my failure to comply with the above guidelines can result in loss of my network privileges as well as more serious disciplinary and/or legal action.

⇒ _____ **Student Signature** Date _____

PARENT OR GUARDIAN TO DENY PERMISSION

I do not wish my child to have individual access to the Internet.

⇒ _____ **Parent/Guardian Signature** Date _____

Office Use Only:

Date Entered _____

Fees Received _____

Trinity International Schools

2011-2012 Student Information

DATE _____

1st Student Name (List oldest grade 1st) _____ Grade: _____

Legal Name: (Last) (First) (Middle) NICKNAME: (If Applicable)

 Social Security # or VISA: _____ Male Female DOB: _____

Student's E-mail Address: _____ School Attended Last Year: _____

 Ethnic Background: American Indian/Alaskan Native Asian/Pacific Islander African-American Hispanic Black, not of Hispanic origin White, not of Hispanic origin

Native Language Spoken: _____ (statistics used for reporting purposes only)

2nd Student Name _____ Grade: _____

Legal Name: (Last) (First) (Middle) NICKNAME: (If Applicable)

 Social Security # or VISA: _____ Male Female DOB: _____

Student's E-mail Address: _____ School Attended Last Year: _____

 Ethnic Background: American Indian/Alaskan Native Asian/Pacific Islander African-American Hispanic Black, not of Hispanic origin White, not of Hispanic origin

Native Language Spoken: _____ (statistics used for reporting purposes only)

3rd Student Name _____ Grade: _____

Legal Name: (Last) (First) (Middle) NICKNAME: (If Applicable)

 Social Security # or VISA: _____ Male Female DOB: _____

Student's E-mail Address: _____ School Attended Last Year: _____

 Ethnic Background: American Indian/Alaskan Native Asian/Pacific Islander African-American Hispanic Black, not of Hispanic origin White, not of Hispanic origin

Native Language Spoken: _____ (statistics used for reporting purposes only)

4th Student Name _____ Grade: _____

Legal Name: (Last) (First) (Middle) NICKNAME: (If Applicable)

 Social Security # or VISA: _____ Male Female DOB: _____

Student's E-mail Address: _____ School Attended Last Year: _____

 Ethnic Background: American Indian/Alaskan Native Asian/Pacific Islander African-American Hispanic Black, not of Hispanic origin White, not of Hispanic origin

Native Language Spoken: _____ (statistics used for reporting purposes only)

PRIMARY HOUSEHOLD INFORMATION: NAME OF PERSON(S) WITH WHOM STUDENT IS LIVING

Living with: (check one)

 Both Parents Father Only Mother Only Guardian Mother/Stepfather Father/Stepmother Relative Other _____

Father or Male Guardians Name	Place Employed	Work Phone	Cell phone
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Address

E-mail Address

Mother or Female Guardians Name	Place Employed	Work Phone	Cell phone
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E-mail Address

SECONDARY HOUSEHOLD INFORMATION (IF APPLICABLE)

Living with: (check one)

 Both Parents Father Only Mother Only Guardian Mother/Stepfather Father/Stepmother Relative Other _____

Father or Male Guardians Name	Place Employed	Work Phone	Cell phone
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Address

E-mail Address

Mother or Female Guardians Name	Place Employed	Work Phone	Cell phone
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E-mail Address

Emergency Information: List two persons (other than yourself) usually available during the school day who have agreed to care for and pick up (provide transportation) for your student if he/she becomes ill and you cannot be reached. We will attempt to contact parents first.

Name:	Relationship to student	Daytime phone number
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Name:	Relationship to student	Daytime phone number
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 Are there circumstances about the custody of your child that we should know about, which limit the sharing of records, picking up of your child, etc? NO YES if yes please provide copy of any court documents.

 Is there anyone that **CANNOT** pick up your child? Please list name & explain. (It is the parent's/guardian responsibility to keep the school informed of changes in custody by providing the office **current and complete legal documents** each year and after any changes.)

Trinity International Schools

2011-2012 Financial Responsibility Contract

Student Information

(List oldest student first)

Student 1. _____ Grade _____
 Student 2. _____ Grade _____
 Student 3. _____ Grade _____
 Student 4. _____ Grade _____

Individual accepting financial responsibility for tuition and fee's

Name	Place Employed	Work Phone	Celphone
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Home address _____

E-mail Address _____

PAYMENT PLAN OPTIONS: (Please initial one of the following):

<input type="checkbox"/> Single Payment Plan	<input type="checkbox"/> Two-Payment Plan:	<input type="checkbox"/> FACTS Monthly Payment Plan	
Date	1st payment Due 8/1	2nd payment Due 1/7	Start date: # of payments
\$	\$	\$	Total \$

I would like to make a **TAX DEDUCTIBLE DONATION** for TEF Scholarship Fund for families in need of tuition assistance:
 \$ _____ **Monthly or One time gift**

TUITION	GRADES K-5	GRADES 6-8	GRADES 9-12	REGISTRATION	INTERNATIONAL ADMINISTRATIVE FEE
FIRST CHILD (oldest)	\$4900	\$5900	\$6400	\$475	\$500
ADDITIONAL SIBLING	\$4655	\$5605	\$6080	\$175	\$500
FEES	Technology	EC Technology	Senior	ELL	
	\$125	\$200	\$125	\$500 per class per semester	

I UNDERSTAND: (Please initial line next to each item to indicate you have read and understand all terms):

- ____ **All payments must be made on or before scheduled dates.**
- ____ **FACTS set up fees will apply and cannot be waived. (See FACTS agreement for fee amount.)**
- ____ **Registration/Testing:** All application forms and registration fees are due upon enrollment in order to assure student's placement.
- ____ **Probationary Registration:** Enrollment is complete when all forms and records are received and the previous school records concur with application and registration information.
- ____ Student(s) not picked up at the end of school day who are not associated with a supervised sport or club approved to be on campus will be sent to after school care at an additional charge applied to the student's account.
- ____ Handling fee in the amount of \$35.00 will be applied to any Non-Sufficient Funds payments.
- ____ Credit Card Administration fee of 4 to 5% will be charged for all credit card payments.
- ____ **Tuition Fees** are set by Board policy and cannot be negotiated by any administrator.
- ____ **Unpaid Tuition and Fees Balance:** All payments must be kept current. Students will be excluded from taking semester exams and participating in extra curricular activities until all fees are current.
If account becomes two months delinquent, student will be withdrawn.
- ____ **Late** fee in the amount of \$35. per week will be applied to any past due invoice.
- ____ **Refunds:** No tuition refund will be given after December 1 for first semester or March 1 for second semester.
- ____ **Refunds:** Any refund must be requested in writing and will be considered by the Board.
- ____ **Early Withdrawal Fee of \$150.00 per student** will be applied upon withdrawal of student regardless of circumstances.

Signature By signing this Agreement, I hereby confirm and accept that the fees in this schedule are the fees I shall be held responsible and required to pay in full, and agree to the terms and conditions contained within this Agreement.

4/13/2011 _____
Signature of Responsible Party.

Date