

APPLICATION REQUIREMENTS

GRADE 9

- Application
- Copy of Birth Certificate
- Applicant Questionnaire
- One (1) Language Arts Teacher Reference
- One (1) Math Teacher Reference
- School Records
- ISEE Exam (*register with the ISEE Operations Office*)
- Classroom Visit and Interview

Separate Application

GRADES TRANSITIONAL KINDERGARTEN–FIRST

- Application
- Copy of Birth Certificate
- Two (2) Teacher References
- School Records
- Gesell Observation (*scheduled by the admission office*)
- Classroom Assessment (*scheduled by the admission office*)
- Parent Survey

GRADES 2–4

- Application
- Copy of Birth Certificate
- Two (2) Teacher References
- School Records
- Classroom Observation (*scheduled by the admission office*)
- Parent Survey

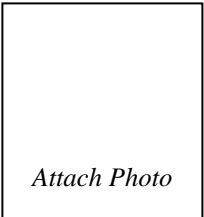
GRADES 5–8

- Application
- Copy of Birth Certificate
- Two (2) Teacher References
- School Records
- ISEE Exam (register with the ISEE Operations Office)
- Interview

TRINITY SCHOOL OF DURHAM & CHAPEL HILL

online

APPLICATION FOR ADMISSION 2006-2007



Deadlines for admission and financial aid applications
 Grades TK-1: **JANUARY 24, 2006**; Grades 2-8: **JANUARY 31, 2006**;
 Grade 9 (early action): **December 16, 2005**

Applications received after stated deadlines will be processed and considered as they are received. However, special consideration cannot be guaranteed for applications that come in after the stated deadlines.

APPLICANT INFORMATION

Applying for Grade _____

Applicant's Name _____
Last First Middle Preferred Name

Sex: Male Female Birth Date ____/____/____ Age ____ Social Security Number _____

Applicant's Home Address _____
Street City

State Zip Code Telephone Number

Applicant resides with: Both Parents Mother Father Legal Guardian Other _____

Has applicant applied for admission to Trinity School in previous years? Yes No *If yes, what year(s) _____*

PARENT / LEGAL GUARDIAN INFORMATION

Father's Name _____ Mother's Name _____
Last First Title Last First Title

Preferred Name _____ Preferred Name _____

Home Address _____ Home Address _____
(If different from applicant's) (If different from applicant's)

City, State, Zip _____ City, State, Zip _____

Home Phone _____ Home Phone _____
(If different from applicant's) (if different from applicant's)

Cell Phone _____ Cell Phone _____

Email _____ Email _____

Place of Business _____ Place of Business _____

Position/Title _____ Position/Title _____

Business Address _____ Business Address _____

City, State, Zip _____ City, State, Zip _____

Business Phone _____ Business Phone _____

Office Use:
Date Application Received _____ Check Number _____ Amount _____

Parents' Marital Status: Married Separated Divorced Parent(s) Deceased Single

CHECK ANY THAT APPLY:

Receive Mail? Father Mother Guardian Other _____
Legal Custody? Father Mother Guardian Other _____
Financial Responsibility? Father Mother Guardian Other _____

Additional Information: _____

Siblings	Date of Birth	Age	School	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is a language other than English spoken in your home? Yes No *If yes, what language* _____

Please indicate how you heard about Trinity School:

Trinity Parent Friend Website Newspaper Magazine Other _____

Place of Worship (optional) _____

SCHOOL INFORMATION

Present School: Public Charter Independent/Private Home School

Dates of Attendance _____

Present School Name _____

School Address _____

City, State, Zip _____

Telephone _____

Present Teacher(s): _____

What are your child's favorite subjects and/or activities? _____

(Please complete if child has attended his/her present school for less than 2 years)

Name of Previous School _____

City, State, Zip _____

Dates of Attendance _____ Grades Completed _____

REFERENCES

List the names and addresses of the individuals who will be completing the two reference forms. One reference must be provided by the applicant's current teacher. The second reference should be completed by a teacher or a person (other than relatives) who knows the applicant well and has observed him or her in a structured educational setting. References should be mailed directly to Trinity by the person completing the form.

Reference #1

Name _____ Position/Title _____

School/Employer _____

Address (to send acknowledgement) _____

City, State, Zip Code _____

Work Telephone _____ Home Telephone _____

How does this person know your child? _____

Reference #2

Name _____ Position/Title _____

School/Employer _____

Address (to send acknowledgement) _____

City, State, Zip Code _____

Work Telephone _____ Home Telephone _____

How does this person know your child? _____

Does your child's health limit or interfere with the normal performance of everyday activities, including class work, athletics, or other duties? Yes No *If yes, please explain below.*

Has your child experienced any difficulties, challenges, or personal setbacks in recent years? _____

Has your child skipped any grades? Yes No *If yes, what grade(s) _____*

Has your child repeated any grades? Yes No *If yes, what grade(s) _____*

Has your child ever been suspended (in school/out of school)? Yes No *If yes, please explain below*

Has your child ever been expelled? Yes No *If yes, please explain below*

Has your child been assessed for admission by any other school in the last six months? Yes No

If yes, what type of assessment was given (e.g., Gesell, KSEAL, CTP IV)?

FAMILY EXPECTATIONS

Please explain why you want your child to attend Trinity School.

What are your expectations of Trinity School in regard to educating your child?

Please describe gifts, interests, and/or joys and challenges unique to your child.

If you would like to share information about your family that you believe would enhance the diversity of Trinity School, please do so below.

Children grow in many ways during their early years (physically, emotionally, cognitively, socially), and not all children develop at the same rate. Some children may benefit from taking an extra year before entering Trinity's kindergarten or first grade even though they will have reached the chronological age of five for kindergarten or six for first grade on or before July 1. In light of this, have you ever considered giving your child another year before entering kindergarten or first grade? Why or why not?

EARLY ACTION (*For Grade 9 Applicants*)

Grade 9 applicants who meet the following requirements will be notified of an admission decision **January 13, 2006**:

- (1) submit all application materials (*i.e., admission and financial aid application, applicant's questionnaire, school transcripts, references*) and
- (2) complete the ISEE exam and classroom visit by **December 16, 2005**.

As a 9th grade applicant, do you anticipate completing the application process as outlined above by **December 16, 2005** in order to receive a decision **January 13, 2006**? YES NO

FINANCES

Do you intend to apply for Financial Aid? YES NO

If yes, please go to the Admission – Tuition and Financial Assistance portion of our website. www.TrinitySchoolNC.org
(http://www.trinityschoolnc.org/adm_finaid.html)

APPLICATION SUBMISSION CHECKLIST

- Completed application
- Copy of birth certificate
- Grade 9 applicant questionnaire
- Grades TK–4, nonrefundable fee of \$75
- Grades 5–9, nonrefundable fee of \$55

PARENT SIGNATURE

The information provided on this application is accurate and complete. All information and documentation obtained during the admission process becomes the property of Trinity School and is considered confidential between Trinity School and the source of the information. I understand that Trinity School seeks to admit only students whose educational needs it has the resources to meet and that Trinity School does not discriminate in admission on the basis of race, color, creed, or ethnic or national origin.

Signature

Date

TRINITY SCHOOL OF DURHAM & CHAPEL HILL

online

GRADE 9 APPLICANT QUESTIONNAIRE

This is an informal questionnaire to be completed by *each* Grade 9 applicant. Your responses will give us the chance to get to know you. Please complete the questionnaire in your own handwriting and without assistance from anyone.

Name _____			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Preferred</i>
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date _____	Age _____
Current Grade _____	Current School _____		

1. What class do you enjoy the most this year? _____
2. What class do you enjoy the least this year? _____
3. Name two books other than school textbooks that you have recently read. _____

4. Within the past two years have you participated on an athletic team?
 Yes No *If yes, indicate type of team sport.* _____

5. Within the past two years have you participated in any fine arts activities (e.g., chorus, dance, drama)?
 Yes No *If yes, indicate type of fine art activity.* _____

6. Do you play any musical instruments?
 Yes No *If yes, indicate type of instrument(s) and how long you have played.* _____

7. Within the past two years have you participated in any community activities?
 Yes No *If yes, indicate type of community activity.* _____

8. Within the past two years have you participated in any group activities (e.g., scouting, church)?
 Yes No *If yes, indicate type of group activity.* _____

9. You are welcome to share about your other interests and/or hobbies. _____

10. **Essay Question:** ***If you could create the perfect school, what would it look like?***

The essay question should be written or typed on a separate sheet of paper and attached. Keep in mind this question is designed to give you an opportunity to show how well you can write. You should try to express your thoughts clearly and remember that how well you write is much more important than how much you write.

Thank you for your assistance. Please mail this form with your completed application to

TRINITY SCHOOL, Admission Office
4011 Pickett Road, Durham, NC 27705
Phone: (919) 402-8262 Fax: (919) 402-0762

TRINITY SCHOOL OF DURHAM & CHAPEL HILL

online

LANGUAGE ARTS TEACHER REFERENCE

Name of Applicant _____

Applicant's Current Grade _____

Applicant for Grade: **9** Academic Year: **2006-07**

All information on this reference form is considered CONFIDENTIAL.

The student listed above is a candidate for admission at Trinity School. We appreciate your cooperation in completing this form. It provides one way of getting to know the child. Our desire is to create, to the best of our ability, the optimal match of child, school, and placement. Please leave blank any sections that do not apply to your relationship with the applicant.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Social Development (mark with a ✓)	Never	Rarely	Sometimes	Usually	Always
Is open to friendship					
Has a tendency to lead					
Has a tendency to follow					
Exhibits positive attitude toward teacher(s)					
Exhibits positive attitude toward peer(s)					
Adjusts to changes in routines					
Handles frustrations appropriately					
Resolves problems without physical aggression					
Accepts suggestions and corrections					

Comments _____

Classroom Interactions/Work Habits (mark with a ✓)	Never	Rarely	Sometimes	Usually	Always
Has age-appropriate attention span					
Follows directions					
Works independently					
Seeks help when necessary					
Works well in groups					
Contributes to group discussion					
Is eager to learn					
Is willing to try new class activities					
Is thorough in completing assignments					
Is punctual in completing assignments					
Respects classroom rules/routines					

Comments _____

Please assess the applicant's skills in the following academic areas.

Subject <i>(mark with a ✓)</i>	Outstanding	Above Average	Average	Below Average	Not Applicable
Reading skills					
Writing skills					
Oral expression					
Organization skills					
Leadership skills					

Comments _____

Family Information <i>(mark with a ✓)</i>	Excessive	Moderate	Minimum
Communication with school			
Participation in school activities			
Cooperation with classroom teachers			
Adherence to rules and policies of school			
Expectations of school			
Expectations of child			

Comments _____

1. Please comment on the emotional maturity and integrity of the applicant. _____

2. Please list the applicant's talents and/or strengths. _____
3. How does the applicant contribute to the class and/or school environment? _____

4. To your knowledge, does the applicant have any impairment in speech, hearing, vision, or physical coordination?

5. To your knowledge, does the applicant require special assistance/accommodations to meet academic requirements (e.g., tutoring)? _____

6. What advice would you offer a colleague working with this student? _____

7. Is there any additional information that would be helpful to the Admission committee in considering this student? _____

Name *(please print)* _____ Address *(to send receipt card)* _____
 Title/Position _____
 School/Company _____
 Phone (w) _____ Phone (h) _____ (City) _____ (Zip Code) _____

Reference Signature: _____ Date _____

Thank you for your assistance. Please note that references must be received before a decision can be made.

Mail this completed form to: **TRINITY SCHOOL**, Admission Office
 4011 Pickett Road, Durham, NC 27705

If you have any questions, please contact the Admission Office. (919) 402-8262 * Fax: (919) 402-0762

MATH TEACHER REFERENCE

Name of Applicant _____

Applicant's Current Grade _____

Applicant for Grade: **9** Academic Year: **2006-07**

All information on this reference form is considered CONFIDENTIAL.

The student listed above is a candidate for admission at Trinity School. We appreciate your cooperation in completing this form. It provides one way of getting to know the child. Our desire is to create, to the best of our ability, the optimal match of child, school, and placement. Please leave blank any sections that do not apply to your relationship with the applicant.

What is your relationship to the applicant? _____

How long have you known the applicant? _____

Social Development <i>(mark with a ✓)</i>	Never	Rarely	Sometimes	Usually	Always
Is open to friendship					
Has a tendency to lead					
Has a tendency to follow					
Exhibits positive attitude toward teacher(s)					
Exhibits positive attitude toward peer(s)					
Adjusts to changes in routines					
Handles frustrations appropriately					
Resolves problems without physical aggression					
Accepts suggestions and corrections					

Comments _____

Classroom Interactions/Work Habits <i>(mark with a ✓)</i>	Never	Rarely	Sometimes	Usually	Always
Has age-appropriate attention span					
Follows directions					
Works independently					
Seeks help when necessary					
Works well in groups					
Contributes to group discussion					
Is eager to learn					
Is willing to try new class activities					
Is thorough in completing assignments					
Is punctual in completing assignments					
Respects classroom rules/routines					

Comments _____

Please assess the applicant's skills in the following academic areas.

Subject (mark with a ✓)	Outstanding	Above Average	Average	Below Average	Not Applicable
Reading skills					
Writing skills					
Oral expression					
Organization skills					
Leadership skills					

Comments _____

Family Information (mark with a ✓)	Excessive	Moderate	Minimum
Communication with school			
Participation in school activities			
Cooperation with classroom teachers			
Adherence to rules and policies of school			
Expectations of school			
Expectations of child			

Comments _____

7. Please comment on the emotional maturity and integrity of the applicant. _____

8. Please list the applicant's talents and/or strengths. _____

9. How does the applicant contribute to the class and/or school environment? _____

10. To your knowledge, does the applicant have any impairment in speech, hearing, vision, or physical coordination?

11. To your knowledge, does the applicant require special assistance/accommodations to meet academic requirements (e.g., tutoring)? _____

12. What advice would you offer a colleague working with this student? _____

7. Is there any additional information that would be helpful to the Admission committee in considering this student? _____

Name (please print) _____ Address (to send receipt card) _____

Title/Position _____

School/Company _____

Phone (w) _____ Phone (h) _____ (City) _____ (Zip Code) _____

Reference Signature: _____ Date _____

Thank you for your assistance. Please note that references must be received before a decision can be made.

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TRANSCRIPT RELEASE FORM

Student's Name _____
(Last) (First) (Middle)

Date of Birth ____/____/____ Current Grade ____ Current Academic Year ____-____
Month Day Year

Permission for Release of Records

Parents/guardians:

Please complete this form and submit it to the applicant's school. The school will send the applicable records directly to Trinity School.

I hereby grant permission to _____ to release my child's school records
(applicant's current school)
to Trinity School for purposes of admission.

Parent/Guardian Signature

Date

School Releasing Records:

Name of School _____

Phone _____

Street Address _____

City State Zip Code

Administrator for Applicant's School,

Please release all applicable records:

- Scholastic records
- Standardized test scores (if any)
- Health record
- Attendance information
- Educational evaluations (if any)
- Discipline reports (if any)
- Additional information as may be required

Thank you for your assistance. Please mail this form with the requested records to:

TRINITY SCHOOL
Admission Office
4011 Pickett Road
Durham, NC 27705

If you have any questions, please contact the Admission Office.

(919) 402-8262 * Fax: (919) 402-0762