

## **APPLICATION REQUIREMENTS**

### **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

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*Separate Application*

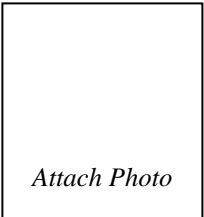
### **GRADE 9**

- 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

# 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?

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### **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 9<sup>th</sup> 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)  
([http://www.trinityschoolnc.org/adm\\_finaid.html](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.

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Signature

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Date

# TRINITY SCHOOL OF DURHAM & CHAPEL HILL

online

## TEACHER REFERENCE #1

Name of Applicant \_\_\_\_\_

Applicant for Grade (circle one)    TK    K    1    2    3    4    5    6    7    8

Applying for Academic Year \_\_\_\_\_

Applicant's Current Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

**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.*

- ◆ If the student is applying for TK, K, or 1<sup>st</sup> Grade:... **COMPLETE SECTIONS I & III**
- ◆ If the student is applying for 2<sup>nd</sup>-8<sup>th</sup> Grade:..... **COMPLETE SECTIONS II & III**

What is your relationship to the applicant? \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

### SECTION I: TK, K, or 1<sup>ST</sup> GRADE APPLICANTS

Social Development <i>(mark with a ✓)</i>	Never	Rarely	Sometimes	Usually	Always
Is open to friendship					
Plays alone happily					
Cooperates in play					
Initiates play activities					
Takes turns and shares					
Has a tendency to lead					
Has a tendency to follow					
Is imaginative					
Adjusts to changes in routine					
Exhibits positive attitude toward teacher(s)					
Exhibits positive attitude toward peer(s)					
Handles frustrations appropriately					
Resolves problems <b>without</b> physical aggression					
Accepts suggestions and corrections					

Comments \_\_\_\_\_  
 \_\_\_\_\_

Physical Development <i>(mark with a ✓)</i>	Above Age	Appropriate Age	Young Age
Small muscle control and coordination (fine motor)			
Large muscle control and coordination (gross motor)			
Speech and articulation			

Comments \_\_\_\_\_  
 \_\_\_\_\_

**SECTION I: TK, K, or 1<sup>ST</sup> GRADE APPLICANTS** (continued)

Learning Readiness (mark with a ✓)	Never	Rarely	Sometimes	Usually	Always
Has age-appropriate attention span					
Demonstrates interest in learning					
Is willing to try new activities					
Follows directions					
Demonstrates ability to focus on one task					
Completes tasks in the allotted time					
Respects classroom routines					
Listens in a group					
Participates in group time					
Works independently					

**Comments** \_\_\_\_\_

Considering the total child (i.e., social, emotional, intellectual, and physical growth) compared to peers at school, how would you assess the child’s readiness for the grade he/she is applying?

\_\_\_\_ More ready than peers    \_\_\_\_ As ready as peers    \_\_\_\_ Less ready than peers

**Comments** \_\_\_\_\_

(SKIP TO SECTION III)

**SECTION II: 2<sup>ND</sup>–8<sup>TH</sup> GRADE APPLICANTS**

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 <b>without</b> 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** \_\_\_\_\_

**SECTION II: 2<sup>ND</sup>-8<sup>TH</sup> GRADE APPLICANTS** (continued)

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					
Facts/Computation skills					
Problem-solving skills					
Oral Expression					
Organization skills					
Leadership skills					

Comments \_\_\_\_\_

(ALL APPLICANTS COMPLETE SECTION III)

**SECTION III: TK-8<sup>TH</sup> GRADE APPLICANTS**

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 \_\_\_\_\_

- Please comment on the emotional maturity and integrity of the applicant. \_\_\_\_\_
- Please list applicant's talents and/or strengths. \_\_\_\_\_
- How does the applicant contribute to the class and/or school environment? \_\_\_\_\_
- To your knowledge, does the applicant have any impairment in speech, hearing, vision, or physical coordination? \_\_\_\_\_
- To your knowledge, does the applicant require special assistance/accommodations to meet academic requirements (e.g., tutoring)? \_\_\_\_\_
- What advice would you offer a colleague working with this student? \_\_\_\_\_
- 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 Phone: (919) 402-8262 \* Fax: (919) 402-0762**

# TRINITY SCHOOL OF DURHAM & CHAPEL HILL

online

## TEACHER REFERENCE #2

Name of Applicant \_\_\_\_\_

Applicant for Grade (circle one)    TK    K    1    2    3    4    5    6    7    8

Applying for Academic Year \_\_\_\_\_

Applicant's Current Grade \_\_\_\_\_ Academic Year \_\_\_\_\_

**All information on this reference form is considered CONFIDENTIAL**

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Comments \_\_\_\_\_

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Participates in group time					
Works independently					

**Comments** \_\_\_\_\_

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\_\_\_\_ More ready than peers    \_\_\_\_ As ready as peers    \_\_\_\_ Less ready than peers

**Comments** \_\_\_\_\_

*(SKIP TO SECTION III)*

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**Comments** \_\_\_\_\_

**SECTION II: 2<sup>ND</sup>-8<sup>TH</sup> GRADE APPLICANTS** (continued)

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Comments \_\_\_\_\_

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Participation in school activities			
Cooperation with classroom teachers			
Adherence to rules and policies of school			
Expectations of school			
Expectations of child			

Comments \_\_\_\_\_

8. Please comment on the emotional maturity and integrity of the applicant. \_\_\_\_\_
9. Please list applicant's talents and/or strengths. \_\_\_\_\_
10. How does the applicant contribute to the class and/or school environment? \_\_\_\_\_
11. To your knowledge, does the applicant have any impairment in speech, hearing, vision, or physical coordination? \_\_\_\_\_
12. To your knowledge, does the applicant require special assistance/accommodations to meet academic requirements (e.g., tutoring)? \_\_\_\_\_
13. What advice would you offer a colleague working with this student? \_\_\_\_\_
14. 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**

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

**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