



**Trinity Christian Academy**  
**113 Wessen Street**  
**Pontiac, Michigan 48341-2269**  
**Phone: 248.334.6436 Fax: 248.334.1712**

## **ENROLLMENT APPLICATION 2020-2021 SCHOOL YEAR**

Date of Enrollment \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zipcode \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Financial responsibilities for applicant will be consumed by \_\_\_\_\_

### **Person or persons authorized to pick up your child.**

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Name & number of doctor to call in case of an accident or illness \_\_\_\_\_

Hospital preference in case of an emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

### **A \$50.00 non-refundable registration fee is required to process this application.**

Cash \_\_\_\_\_ Check # \_\_\_\_\_ Money Order # \_\_\_\_\_

Completion of this form conveys a request for admission to the Trinity Christian Academy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Referred by \_\_\_\_\_

NOTE: Trinity Christian Academy does not discriminate on the basis of race, creed, color, ethnicity, national origin, religion, sex, sexual orientation, gender expression, age, height, weight, physical or mental ability, veteran status, military obligations, and marital status.