



# TRINITY CHRISTIAN SCHOOL

## 2018-19 REGISTRATION FORM

**Priority Registration** (*ensures class space*) for currently enrolled students is **February 1 - 28, 2018.**

**Open Registration** (*subject to space available*) begins **March 1, 2018.**

**Non-Refundable Registration Fee:**

<b>1<sup>st</sup> Child</b>	<b>\$450.00</b>
<b>2<sup>nd</sup> Child</b>	<b>\$200.00</b>
<b>Each Additional Child</b>	<b>\$175.00</b>

**Annual Sustaining Fee:** \$800.00, due in two \$400.00 increments on December 1st and May 1st

Please check one of the following boxes:

- I am registering my child(ren) for the 2018-19 school year by paying the required registration fee in full.
- I am registering my child(ren) for the 2018-19 school year by paying one-third of the required registration fee, with the remaining balance to be posted to my account and payable in full by April 30, 2018. I understand that failure to meet this commitment will forfeit the space reserved for my child(ren) for the 2018-19 school year. ***This option is available only during the Priority Registration period (February 1-28, 2018) and only for families of students enrolled during the 2017-18 school year.***

*Please complete the following information requested and return with the registration fee by the appropriate date.*

*(If you have an upcoming K4 child for admission, an application and a \$50.00 application fee will be required along with this form.)*

### Student Information:

Student's Name (List oldest child first)	Grade 2018-19	Date of Birth	Social Security Number
1			
2			
3			
4			

For K4 students, please indicate the plan selected (as noted on the *Fee Schedule*)

- Half Day (8:00-12:00)
- Full Day (8:00-3:00)

### Family Information:

Student(s) live(s) with:  Both Parents     Father     Mother     Other \_\_\_\_\_

Priority E-mail address for family: \_\_\_\_\_

County in which student(s) live(s): \_\_\_\_\_ Within city limits?     Yes     No

Father's Name	_____
Residence Address	_____
City, State, Zip	_____
Social Security #	_____
Home Phone	_____
Work Phone	_____
Cell Phone	_____

Mother's Name	_____
Residence Address	_____
City, State, Zip	_____
Social Security #	_____
Home Phone	_____
Work Phone	_____
Cell Phone	_____

### Please indicate selected Tuition Payment Option (as noted on *Fee Schedule*):

- Annual (one-time payment, due by **August 1, 2018**, with a \$200 discount per student)
- 10 Month (one payment per month, August 2018-May 2019)
- 12 Month (one payment per month, June 2018-May 2019)

**A 2.5% transaction fee will apply to credit card payments.**

### Statement of Agreement:

Trinity Christian School is committed to providing students with an excellent education and managing the institution within fiscally sound and responsible practices. I am aware that this registration seeks enrollment for my child(ren) at Trinity Christian School for the 2018-19 academic year. I will notify the Business Office if I desire any adjustment in my payment options. Additionally, I understand an Annual Sustaining Fee will be assessed to my account in two equal installments on August 1<sup>st</sup> and January 1<sup>st</sup>. I agree to adhere to all of the financial policies of Trinity Christian School, understanding that a delinquent account hinders Trinity's efforts to conduct its business in a financially sound manner and will be handled according to policies established by the Board of Directors.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

<b>Office Use Only</b>	<b>Notes:</b>
Admissions _____	
Business Office _____	