TRINITY CHRISTIAN SCHOOL

2019-20 REGISTRATION FORM

Priority Registration (*ensures class space*) **for currently enrolled students is February 1 - 28, 2019.**

Open Registration *(subject to space available)* **begins March 1, 2019.**

Non-Refundable Registration Fee:	**1st Child**	**$450.00**
	2nd Child	**$200.00**
	Each Additional Child	**$175.00**

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 2019-20 school year by paying the required registration fee in full.

☐ I am registering my child(ren) for the 2019-20 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, 2019. I understand that failure to meet this commitment will forfeit the space reserved for my child(ren) for the 2019-20 school year. ***This option is available only during the Priority Registration period (February 1-28, 2019) and only for families of students enrolled during the 2018-19 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 2019-20	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, 2019***, with a $200 discount per student)

☐ 10 Month (one payment per month, August 2019-May 2020)

☐ 12 Month (one payment per month, June 2019-May 2020)

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 2019-20 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 1st and January 1st. 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**

Office Use Only Notes:

Admissions _____

Business Office _____