



# TRINITY CHRISTIAN SCHOOL

## 2020-21 REGISTRATION FORM

**Priority Registration** (*ensures class space*) for currently enrolled students is **February 1 - 29, 2020.**

**Open Registration** (*subject to space available*) begins **March 1, 2020.**

**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 2020-21 school year by paying the required registration fee in full.
- I am registering my child(ren) for the 2020-21 school year by paying one-third of the required registration fee (1 child \$150, 2 children \$217, 3 children \$275) with the remaining balance to be posted to my account and payable in full by April 30, 2020. I understand that failure to meet this commitment will forfeit the space reserved for my child(ren) for the 2020-21 school year. ***This option is available only during the Priority Registration period (February 1-29, 2020) and only for families of students enrolled during the 2019-20 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<br>(List oldest child first) | Grade<br>2020-21 | Date of<br>Birth | Social Security<br>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, 2020**, with a \$200 discount per student)
- 10 Month (one payment per month, August 2020-May 2021)
- 12 Month (one payment per month, June 2020-May 2021)

**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 2020-21 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

|                        |               |
|------------------------|---------------|
| <u>Office Use Only</u> | <u>Notes:</u> |
| Admissions _____       |               |
| Business Office _____  |               |