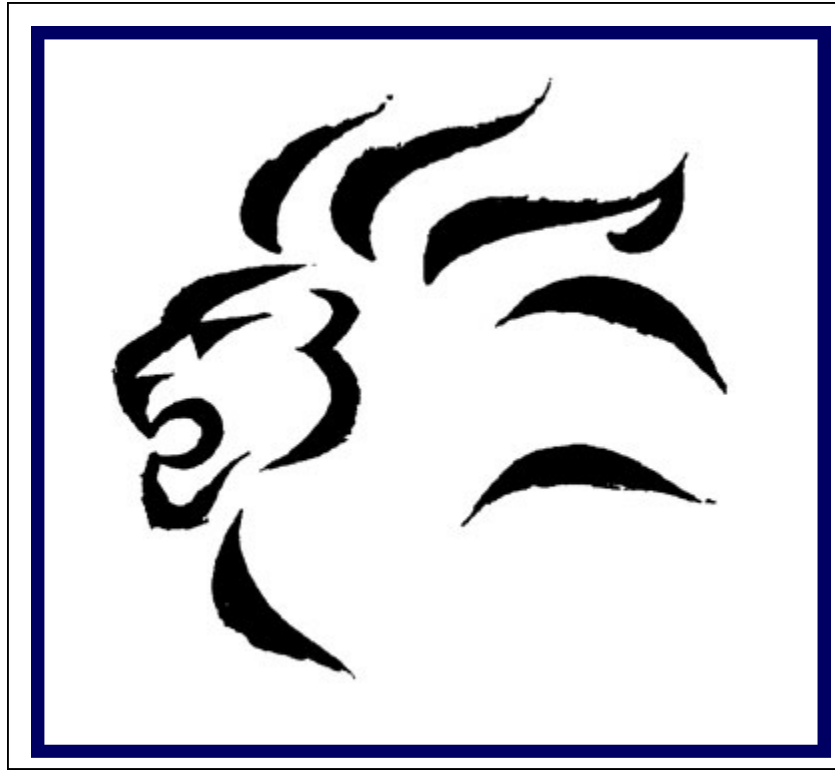


Trinity Chapel



High School Application for Admission

“Raising the Standard of Excellence in Education”

4665 Macland Road
Powder Springs, Georgia 30127
678-831-1062
Albert LaBoy, Headmaster

Student Name _____

School Year _____ Grade applied for _____

Office Use Only

Date Application Received _____ Number _____
Priority Sibling Preschool Church Member Public
Testing Date _____ Interview Date _____
Acceptance Date _____ Grade Placement _____

Student Information

School Year _____ Applying for Grade _____

Student's Full Name _____
(first) (middle) (last)

Preferred Name or Nickname _____

Date of Birth _____ Place of Birth _____ Sex Male Female

Race _____ Social Security # _____

Student's Residence:

Street Address _____

City _____ State _____ Zip _____ County _____

Home Telephone: _____

Send all official school correspondence to: Home address of student

Other: _____

Father's Name _____

Natural Step Adoptive

SS # _____

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

E-Mail _____

Mother's Name _____

Natural Step Adoptive

SS # _____

Employer _____

Occupation _____

Work Phone _____

Cell Phone _____

E-Mail _____

Marital status of natural parents: Married Separated Divorced Remarried

Student resides with: Both Parents Mother Father Guardian

If Parents are separated or divorced, who has legal custody? _____

***Please note: We cannot legally restrict a natural parent from picking up a child unless custody papers are on file!**

Financially Responsible _____

Siblings

Name

Age/ Grade

School

Most Recent School Attended

Name _____ Grade(s) Attended _____

Address _____

City _____ State _____ Zip _____ County/District _____

Church Affiliation

Church Name _____ Denomination _____

Address _____

Pastor's Name _____ Membership: Active Member Inactive Member

Parent Questionnaire

How did you hear about Trinity Chapel High School?

Advertisement Church Website Friend _____

Why do you wish to enroll your child in TCHS?

What do you expect your child to achieve by attending TCHS?

If transferring from another school, how would you describe your student's grades?

Superior (A) Above Average (A/ B) Average (B/C) Below Average (below C)

Does your child have any special learning problems or diagnosed learning disabilities? _____

If yes, please explain _____

Has your child ever undergone or been recommended for an educational or psychological evaluation by a clinical psychologist, psychiatrist or counselor? yes no If yes, please include a copy of the evaluation.

Has any attention-enhancing medication ever been prescribed for this applicant? yes no

Medication name _____ Dosage _____ Frequency _____

Has your child ever been suspended from school? ____ Yes ____ No

If yes, for how long and why? _____

Has your child ever been expelled from, asked to leave or not been invited to return to any school?

____ Yes ____ No

If yes, please explain _____

Does your student have any physical disabilities, conditions or recurring illnesses? ____ Yes ____ No

If yes, please explain _____

Does your child take any medications (other than those listed above) on a regular basis?

____ Yes ____ No If yes, please list :

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other information you wish to share with us that will help us meet the needs of your student? _____

Medical / Emergency Information

Does your student have any physical disabilities, conditions or recurring illnesses? ____ Yes ____ No
If yes, please explain _____

Does your child take any medications (other than those listed above) on a regular basis?
____ Yes ____ No If yes, please list :

Medication	Dosage	Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Physician's Name _____ Phone _____

Hospital Preference _____

Medical Insurance :

Company _____

Policy or Group # _____

Policyholder Name _____

In case of emergency, we grant permission to secure medical treatment, hospital services, or lab tests for our son / daughter at our expense.

For simple ailments such as headaches, I give my permission for Tylenol or Advil to be administered to my child. **The school office will call to verify dosage in each incident.**

(parent signature)

In case of emergency and parents cannot be reached, please call:

(Name)

(Relationship)

(Phone)

(Name)

(Relationship)

(Phone)

To the best of our knowledge, the information contained in this application is true and accurate. The applicant desires to be a part of Trinity Chapel High School. I have read the Mission Statement and Philosophy Statement and will support TCHS's inclusion of its perspective in all areas of school life. I have also read the rules governing the Financial Contract and agree to abide by them. Falsification, misrepresentation or the withholding of information on this application are grounds for denial of a student's application or immediate dismissal of the student if discovered after acceptance.

Date _____ Parent/Guardian's Signature _____

Notice of Nondiscriminatory Admission Policy

Trinity Chapel High School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities available to all students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the educational policies, admissions policies, scholarship, athletic or other school administered programs.

Student Questionnaire

In order to help the Trinity Chapel High School Admissions Committee learn more about you, we ask that you answer the following questions about your interests and abilities. Please use your own handwriting in pen or pencil. No typewritten answers, please.

Student's Name _____ Applying for Grade _____

Present School _____ Present Grade _____

1. What extracurricular activities, such as art, music and sports, in or out of school, are the most important to you at the present time?
2. Please describe any special recognition or awards for performance or service that you have received in any area. This includes, but is not limited to, art, music, academic studies, sports, camp, scouting, church and job. Include any offices or positions of responsibilities you may have held.
3. What book, movie, play or single event has impressed you strongly in recent years and why?
4. If you had unlimited time and opportunity, what would you like to do most?
5. What church do you presently attend? What church activities do you currently participate in?

6. What academic subjects interest you most?

7. What academic subjects interest you least?

8. On average, how many hours per week do you spend on homework?

9. What do you read for pleasure?

10. Do you claim to be a Christian? If so, how did you become a Christian?

11. On a scale of 1—10 (10 being the most), how much do you want to attend Trinity Chapel High School? _____ Why?

Date _____ Student Signature _____

Message from the Headmaster

Dear Parents:

Thank you for your interest in Trinity Chapel Academy. Selecting your child's school is an important decision, and one that will leave a lasting impression as you prepare your child for the future.

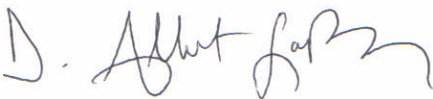
At Trinity Chapel Academy, we're committed to educating the whole child – in body, knowledge and spirit. Our goal is to produce intellectually competent, spirit-filled, confident individuals with healthy, alert minds and bodies.

With this in mind, we use a broad range of curricula (including Bob Jones, Positive Action, McDougal-Littell to name a few) to build a strong educational foundation. We expand our students' horizons by exposing them to various cultures and ideas. We also introduce students to foreign language at an early age.

As a Christian school, we are committed to leading children to a personal relationship with God. The biblical principles of discipline, stewardship and obedience to God – as well as those in authority over us – are the cornerstones of our educational philosophy. Trinity Chapel Academy will be a place where students can learn about the world around them within the context of God's infallible Word. Our goal is to produce Christ-like individuals who reflect the sentiments expressed in Luke 2:40: *"And the child grew and became strong in spirit, filled with wisdom; and the grace of God was upon him."*

Again, thank you for considering Trinity Chapel Academy as your child's school. If you would like further information or would like to set up a personal appointment, please contact me at 678-831-1062. I hope to hear from you soon.

In Christ,



Albert LaBoy
Headmaster

**2007—2008
Tuition and Fees
9th Grade Students Only**

Application Fee	\$ 100.00
Textbook/Registration Fee	\$ 450.00
Science Lab Fee	\$ 60.00
Tuition	\$ 8,000.00

The application fee must accompany all new student applications. Upon acceptance, a tuition deposit of \$500.00 will be due to complete the enrollment process.

The Textbook/Registration fee and Science Lab Fees are due by June 1st, 2007 or upon acceptance if the acceptance date is after June 1st.

Payment Plans

Annual Pay - 3% discount if tuition is paid in full by July 1st, 2007. (\$7,760.00)

10 Pay - \$8,000.00 less \$500.00 tuition deposit = \$7,500.00. This amount will be divided into 10 monthly payments through automatic debit of a checking or savings account using FACTS tuition management company. A separate financial agreement will be sent with your student's acceptance packet.

Financial Aid will not be available for Trinity Chapel High School for the 2007-2008 school year.

Trinity Chapel Academy Application and Admission Procedures

Applications for the upcoming school year are now being accepted.

Only completed applications will be accepted. Applications must contain the following items to be considered complete:

- Copy of student's Certified Birth Certificate
- Copy of student's Social Security Card
- Georgia Certificate of Immunization. This certificate can not be expired.
- Authorization and Permission to Release Information form completed and signed. TCHS will request the necessary records from the applicant's current school.
- \$100.00 non-refundable application fee. This fee is non-refundable even if the student is not accepted or placed on a waiting list.
- Parent and student signatures should be provided in all designated areas.
- Confidential Teacher Recommendation Forms should be delivered to the teacher(s) by the parents. English and Math Teacher Recommendation forms are both required for High School students. These should be mailed directly to Trinity Chapel High School by the teacher.
- Recommendation forms will not be accepted from parents.

Applications will be noted with the date and time that they are received by the office and are considered on a first come first serve basis according to the following priority status:

****Pre-registration will first be offered to students who are currently enrolled in Trinity Chapel Academy. Any remaining openings will then be offered to members or Trinity Chapel Church of God and the general public.**

Applications, records and Teacher Recommendations will be reviewed by the administration.

If the administration determines that further testing is necessary, parents will be notified in order to schedule the testing.

Once the review process and / or testing is successfully completed, the student and parents will participate in an interview with the Headmaster.

The administration reserves the right to accept a student on academic or behavioral probation if deemed necessary.

The administration reserves the right to deny acceptance to any student that does not meet academic or behavioral standards set forth by the school. Trinity Chapel High School does not accept students who have been expelled from other schools.

Parents will be notified in writing of student's acceptance or waiting list status.

Please feel free to call 678-831-1062 if you have additional questions.

Trinity Chapel High School
4665 Macland Road
Powder Springs, GA 30127
Phone: 678-831-1062 Fax: 770-439-9850

Authorization and Permission to Release Information

I hereby authorize and request the release of ALL medical, educational, disciplinary, social and/or psychological information regarding the named applicant for the purposes of applying for admission to Trinity Chapel High School.

Student Name _____ Birth Date ____/____/____

I release the following from all liability and all claims pertaining to the disclosure of this information:

Previous School(s) attended:

1. Name _____ County _____
Address _____
City _____ State _____ Zip _____ Phone _____

2. Name _____ County _____
Address _____
City _____ State _____ Zip _____ Phone _____

Parent Signature _____ Date _____

Schools

Please complete the following information:

The above named student has applied for admission to Trinity Chapel High School. Please send copies of the following records for our staff to review for admission purposes.

- | | |
|---|--|
| ____ Birth Certificate | ____ All Report Cards (including most recent grading period) |
| ____ Social Security Card | ____ All Standardized Test Scores |
| ____ Immunization Records | ____ Behavior / Discipline Records |
| ____ Hearing, Vision, Dental Forms | |
| ____ Does this student require special services _____ If yes, please list _____ | |

____ Is there a psychological or educational evaluation available for this student? _____

____ **If transferring from another private school:**
Is this student's account in good standing? Yes / No

Trinity Chapel High School

Administrator - Counselor Recommendation

Applicants: Please complete the student information and deliver this form to your current school's Administrator or Guidance Counselor.

Administrator/Guidance Counselor: All information you provide is strictly confidential. It will not be shared with the applicant or parent. Please complete this form for the student listed below and return to:

Trinity Chapel High School
4665 Macland Road
Powder Springs, GA 30127

Student's Name _____ Current Grade Level _____

Name of Current School _____

Address _____

City _____ State _____ Zip _____ County _____

School Phone _____ - _____ - _____

Parent Signature _____
(Parent signature authorizes the current school administrator to complete this form)

Current School Administrator or Counselor _____

To be completed by Administrator or Guidance Counselor

	Exceptional	Above Average	Average	Below Average	Poor
Academic Performance	5	4	3	2	1
Academic Ability	5	4	3	2	1
Motivation	5	4	3	2	1
Extra-Curricular Performance	5	4	3	2	1
Respect for Authority	5	4	3	2	1
Self-Discipline	5	4	3	2	1
Integrity	5	4	3	2	1
Leadership Potential	5	4	3	2	1
Conduct	5	4	3	2	1
Self-Confidence	5	4	3	2	1

How long have you known this student? _____ In what capacity? _____

What is the student's general attitude toward school? _____

To the best of your knowledge, has this student ever been expelled or suspended from school? _____
If yes, please explain _____

To the best of your knowledge, has this student ever been involved with drugs or alcohol? _____
If yes, please explain _____

Please describe this student's character _____

Has the student been diagnosed or have any history of a learning disability? _____ If yes, what special provisions, if any, been made to help meet the academic needs of this student? _____

On a scale of 1 - 10 (10 being the greatest), how supportive of the school and administration are the student's parents? _____

On a scale of 1 - 10 (10 being the greatest), pertaining to the student's education, how involved are the parents? _____

Is there any other information you can share with us that will help us to better meet this student's needs? _____

May we contact you if we have further questions? _____

Phone: _____ Email: _____

Thank you for taking the time to complete this evaluation. Your assistance is greatly appreciated.

Trinity Chapel High School English Teacher Recommendation

Applicants: Please complete the student information and deliver this form to your current English Teacher.

Teachers: All information you provide is strictly confidential. It will not be shared with the applicant or parent. Please complete this form for the student listed below and mail or fax to:

Trinity Chapel High School
4665 Macland Road
Powder Springs, GA 30127
Fax: 770-439-9850

Student's Name _____ Current Grade Level _____

Name of Current School _____

Address _____

City _____ State _____ Zip _____ County _____

School Phone _____ - _____ - _____

Parent Signature _____
(Parent signature authorizes the current English teacher to complete this form)

Current English Teacher _____

To Be Completed by English Teacher

What textbook is this student currently using? _____

Is this student currently working on, below or above grade level? _____

Please describe this student's strengths _____

Please describe this student's weaknesses _____

To what extent does the student participate in class discussions?

Eagerly _____ Occasionally _____ Seldom _____ Never _____

Where does the student rank in your class?

Top 10% ____ Top 50% ____ Bottom 50% ____ Bottom 10% ____

Recommendation as a student	Exceptional	Good	Average	Poor
1. Academic potential	4	3	2	1
2. Academic achievement	4	3	2	1
3. Attitude toward teachers	4	3	2	1
4. Reaction to criticism	4	3	2	1
5. Responsibility and promptness	4	3	2	1
6. Reading skill	4	3	2	1
7. Oral Expression	4	3	2	1
8. Written expression	4	3	2	1
9. Study Habits	4	3	2	1

RECOMMENDATIONS AS A PERSON

1. Maturity	4	3	2	1
2. Peer compatibility	4	3	2	1
3. Personal appearance (neatness)	4	3	2	1
4. Warmth of personality	4	3	2	1
5. Honesty and trustworthiness	4	3	2	1
6. Dependability	4	3	2	1
7. Spirit of cooperation	4	3	2	1
8. Leadership potential	4	3	2	1
9. Initiative	4	3	2	1
10. Emotional stability	4	3	2	1

Please add any additional insight that might be helpful to the applicant or the school.

Date _____ Signature _____

Trinity Chapel High School Math Teacher Recommendation

Applicants: Please complete the student information and deliver this form to your current Math Teacher.

Teachers: All information you provide is strictly confidential. It will not be shared with the applicant or parent. Please complete this form for the student listed below and mail or fax to:

Trinity Chapel High School
4665 Macland Road
Powder Springs, GA 30127
Fax: 770-439-9850

Student's Name _____ Current Grade Level _____

Name of Current School _____

Address _____

City _____ State _____ Zip _____ County _____

School Phone _____ - _____ - _____

Parent Signature _____
(Parent signature authorizes the current English teacher to complete this form)

Current English Teacher _____

To Be Completed By Math Teacher

What textbook is this student currently using? _____

Is this student currently working on, below or above grade level? _____

Please describe this student's strengths _____

Please describe this student's weaknesses _____

To what extent does the student participate in class discussions?

Eagerly _____ Occasionally _____ Seldom _____ Never _____

Where does the student rank in your class?

Top 10% ____ Top 50% ____ Bottom 50% ____ Bottom 10% ____

Recommendation for Level of Math _____ Algebra I _____ Geometry

Recommendation as a student	Exceptional	Good	Average	Poor
1. Academic potential	4	3	2	1
2. Academic achievement	4	3	2	1
3. Attitude toward teachers	4	3	2	1
4. Reaction to criticism	4	3	2	1
5. Responsibility and promptness	4	3	2	1
6. Reading skill	4	3	2	1
7. Oral Expression	4	3	2	1
8. Written expression	4	3	2	1
9. Study Habits	4	3	2	1

RECOMMENDATIONS AS A PERSON

1. Maturity	4	3	2	1
2. Peer compatibility	4	3	2	1
3. Personal appearance (neatness)	4	3	2	1
4. Warmth of personality	4	3	2	1
5. Honesty and trustworthiness	4	3	2	1
6. Dependability	4	3	2	1
7. Spirit of cooperation	4	3	2	1
8. Leadership potential	4	3	2	1
9. Initiative	4	3	2	1
10. Emotional stability	4	3	2	1

Please add any additional insight that might be helpful to the applicant or the school.

Date _____ Signature _____