

Admissions Process

Thank you for considering Trinity School for your child's specific learning needs!

Our Admissions team strives to match the specific criteria at Trinity School to the students who will benefit from our programs. The team thoroughly reviews prospective students' academic history, records, diagnostic evaluations, and parent input prior to admissions.

A non-refundable fee of \$300 must be submitted with each application. The following forms are also required:

- Application for Admission
- Administrator/Counselor Recommendation Form
- Teacher Recommendation Form
- Student Photo
- Emergency Contact Form
- Parent Questionnaire
- Discipline Record
- Authorization for Release of Records

Please call our school to schedule a tour:

405-525-5600

After your visit to Trinity, please submit your application for enrollment.

Supplemental Information: We require the following records in addition to an admissions application:

- Birth Certificate
- Immunization Records
- A full psychoeducational or neuropsychological evaluation describing the student's current cognitive ability as well as academic achievement.
- Any other professional evaluations that have been administered should be submitted: speech therapy, occupational therapy, psychological evaluations and medical assessments.
- Copies of current Special Education records (if applicable): Most recent IEP or 504
- Official transcript (high school only)

Please submit copies of all information. **Do not send your original documents.**

Please email or send copies of this information to admissions@trinityschoolokc.org

The Admissions Committee reviews all required application materials to determine if the student is eligible to proceed with the admissions process. A three-day visit is then required for admission to be finalized. Trinity teachers and staff observe the applicant during their visit and offer feedback to the Admissions Committee. The Admissions Committee reviews teacher observations and makes a final recommendation. Applicants will also complete entrance placement exams to design the program for their individual needs. The Chief Academic Officer will notify parents of the final recommendation.

Please return this form to:

Trinity School Admissions

3200 N. Walker, Oklahoma City, OK 73118

Main Office (405) 525-5600 | Fax (405) 525-5602 | admissions@trinityschoolokc.org



Authorization for Release of Records

To the parent/guardian:

Please complete this form, which will give permission for your child's previous or current school to release his/her student information to Trinity School.

School Name	Dates Attended MM YYYY THRU MM YYYY		
School Address	City	State	ZIP

I hereby give my permission to release information requested by Trinity School regarding my child.

Applicant First Name	Applicant Middle Name	Applicant Last Name	Applicant Nickname
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Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

To the school:

Please be advised that this student is an applicant for admission to Trinity School. You will greatly assist this applicant and Trinity School by providing **COPIES** of the requested information as soon as possible. Information provided will be treated as confidential. Thank you!

- Transcripts
- Birth Certificate
- Attendance Records
- Immunization Records
- IEP and Meegs Report
- Discipline Records
- Psycho-educational testing or other testing available

Please return this form and the requested documents to:

Trinity School Admissions

3200 N. Walker, Oklahoma City, OK 73118

Main Office (405) 525-5600 | Fax (405) 525-5602 | admissions@trinityschoolokc.org

Application for Admission

Student Information

Applicant First Name	Applicant Middle Name	Applicant Last Name	Applicant Nickname
Social Security Number	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth MM DD YYYY	
Grade Level Applying To		Beginning Term	
Home Address	City	State	ZIP

Parent/Guardian One Information

First Name	Middle Name	Last Name	Occupation
Employer Address		City	State ZIP
Work Phone ()	Mobile Phone ()	Preferred Email Address	

Only if different from applicant, please provide Parent One home address:

Address	City	State	ZIP
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Parent/Guardian Two Information

First Name	Middle Name	Last Name	Occupation
Employer Address		City	State ZIP
Work Phone ()	Mobile Phone ()	Preferred Email Address	

Only if different from applicant, please provide Parent One home address:

Address	City	State	ZIP
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First Name	Middle Name	Last Name	Occupation
Employer Address Address		City	State ZIP

Application for Admission p.2

Parent and Family Information

Parental Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Person(s) Having Legal Custody _____
Applicant Lives With _____	Relationship _____
Should the NON CUSTODIAL Parent Receive Information Concerning the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Should the NON CUSTODIAL Parent Be Listed in the School Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No

Siblings of Applicant

1	Name	Date of Birth <small>MM DD YYYY</small>	School	Grade
2	Name	Date of Birth <small>MM DD YYYY</small>	School	Grade
3	Name	Date of Birth <small>MM DD YYYY</small>	School	Grade
4	Name	Date of Birth <small>MM DD YYYY</small>	School	Grade
5	Name	Date of Birth <small>MM DD YYYY</small>	School	Grade
6	Name	Date of Birth <small>MM DD YYYY</small>	School	Grade
7	Name	Date of Birth <small>MM DD YYYY</small>	School	Grade

Schools Previously Attended by Applicant

School Name	City and State	Dates Attended <small>MM YYYY THRU MM YYYY</small>
School Name	City and State	Dates Attended <small>MM YYYY THRU MM YYYY</small>
School Name	City and State	Dates Attended <small>MM YYYY THRU MM YYYY</small>
School Name	City and State	Dates Attended <small>MM YYYY THRU MM YYYY</small>

Application for Admission p.3

Application Information

<p>Has the applicant experienced any academic difficulties at previous school(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>	<p>Has the applicant experienced any social difficulties at previous school(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>	
<p>Has the applicant ever been tested for learning disabilities?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>	<p>Does the applicant have any health considerations, allergies or disabilities ?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain.</p>	
<p>Will you apply for a Lindsey Nicole Henry Scholarship?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Will you apply for Financial Aid?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>How did you hear about Trinity School?</p>

Please read carefully and sign below.

Photo Release: In an effort promote the presence of Trinity School in the community; we often place advertisements in local newspapers and magazines. We believe the most effective advertisements show the bright shiny faces of our students and teachers. Please sign the form below regarding permission to use your picture or your child(ren)'s photos in Trinity School advertisements. Check one:

- I give permission for _____'s photo to be used in print ads or other forms of advertisements used for Trinity School.
- I DO NOT give permission for _____'s photo to be used in print ads or other forms of advertisements used for Trinity School.

Policy Procedure: I further agree to accept and comply with all rules, regulations, policies, and procedures of Trinity School, including those contained in the current Parent/Student Handbook as well as any changes, additions or deletions to said rules, regulations, policies, and procedures that from time to time may be adopted by the Board of Trustees of Trinity School and/or the Chief Academic Officer. Failure to comply may result in discretionary expulsion, which shall not terminate the financial obligation set forth.

A student is not enrolled and will not attend classes at

Trinity School unless and until all terms of admission/enrollment as specified by the Board of Trustees and/or Chief Academic Officer have been fulfilled, all fees paid in full, and this enrollment contract has been duly and correctly executed.

Thank you for your interest in Trinity School. Applications for admission are considered and waiting lists established on the basis of date of receipt of the application and registration fee. Trinity School welcomes students without regards to race, color, religion, national origin, and does not discriminate in its educational or financial aid programs

The registration fee is non-refundable unless the applicant is denied admission to Trinity School.

Signature of Parent or Guardian Date

Printed Name of Parent or Guardian

Please return this form to:

Trinity School Admissions
3200 N. Walker, Oklahoma City, OK 73118
Main Office (405) 525-5600 | Fax (405) 525-5602
admissions@trinityschoolokc.org



Administrator/Counselor Recommendation Form

This form should be given to the applicant's current school administrator.

Student First Name	Student Middle Name	Student Last Name	Student Nickname
Administrator's Name		Administrator's Title	

The above-named student is a candidate for admission to Trinity School. Reviewing information from current academic teachers is an important part of our admissions process. Recommendations are confidential. They do not become part of the student's permanent file, nor are they shared with the student or the student's parents. If you wish to add to this form, please attach a separate letter, email or call the Trinity School office.

How long have you known the student?	In what capacity have you known the student?
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Please share a brief comment about this student with regard to attendance and tardiness.

To your knowledge, is the parents' perception of their child compatible with the school's understanding of the child? Please comment.

Yes No

Has the candidate been the subject of disciplinary action? If yes, please explain the circumstances.

Yes No

Additional Comments

Please return this form to:

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Main Office (405) 525-5600 | Fax (405) 525-5602 | admissions@trinityschoolokc.org

Teacher Recommendation Form

This form should be given to the applicant's current teacher.

Student First Name	Student Middle Name	Student Last Name	Student Nickname
Teacher's Name		Teacher's Title	

The above-named student is a candidate for admission at Trinity School. Reviewing information from current academic teachers is an important part of our admissions process. Recommendations are confidential. They do not become part of the student's permanent file, nor are they shared with the student or the student's parents. If you wish to add to this form, please attach a separate letter, email or call the Trinity School office.

How long have you known the applicant?	In what capacity have you known the applicant?
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Please comment on the applicant's academic strengths.

Please comment on the areas where the applicant requires extra focus or remediation.

Has the applicant been the subject of disciplinary action? If yes, please explain the circumstances.

Yes No

Additional Comments

Please return this form to:

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Emergency Contact Information

Today's Date		
MM	DD	YYYY

PLEASE PRINT LEGIBLY FOR ALL INFORMATION ON THIS FORM

In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.

Student First Name	Student Middle Name	Student Last Name	Student Nickname
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth MM DD YYYY	

Parent/Guardian One Information

First Name	Middle Name	Last Name	Occupation
Address		City	State ZIP
Work Phone ()	Mobile Phone ()	Preferred Email Address	

Parent/Guardian Two Information

First Name	Middle Name	Last Name	Occupation
Address		City	State ZIP
Work Phone ()	Mobile Phone ()	Preferred Email Address	

If Parents Are Unreachable in an Emergency, Contact the Following People

First Name	Last Name	Relationship to Student
Work Phone ()	Mobile Phone ()	Preferred Email Address

First Name	Last Name	Relationship to Student
Work Phone ()	Mobile Phone ()	Preferred Email Address

Emergency Contact Information p.2

Today's Date

MM DD YYYY

PLEASE PRINT LEGIBLY FOR ALL INFORMATION ON THIS FORM

Student First Name	Student Middle Name	Student Last Name	Student Nickname
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth MM DD YYYY		

In case of illness or accident, which hospital or clinic do you want your child to be sent?

Clinic or Hospital Name			
Address	City	State	ZIP

Student's physician

Physician or Physician Group Name	Phone ()		
Address	City	State	ZIP

Please list any serious illness, operations, or accidents since birth (Please include asthma, etc):

Is your student taking any medication the school should be aware of? If yes, please list all medications the school should be aware of.

Yes No

The information requested on this form is confidential and for emergency use only. The undersigned parent(s)/guardian(s) give Trinity School permission, in case of illness or accident, to take their child to a hospital or clinic. In case of emergency, they give permission for this information to be released to emergency personnel. They also agree that any of my emergency contacts listed on this form may be notified in an emergency, as needed.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Please return this form to:

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Parent/Guardian Questionnaire

At Trinity School we respect each individual child. Our admissions process is designed to help us find the right fit between school, student, and family. Please feel free to give us any information that you feel will be helpful in getting to know your child.

Student First Name	Student Middle Name	Student Last Name	Student Nickname
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Why would you like to change schools?

What activities does your child enjoy outside of school?

What are your child's favorite subjects in school?

What would you like to see your child accomplish at Trinity School?

Describe your child's relationship with adults and peers. Any aggression towards adults or peers?

Parent/Guardian Questionnaire p.2

Does your child have any fears or concerns? Please explain.

Parent and family volunteer hours are a condition of enrollment at Trinity School. Do you have any special skills or interests you would like to share with our school community through your volunteer hours?

Are you willing to attend parent education night, parent-teacher conferences, and other school events?

To what extent is your child respectful to you, other adults, peers, and environment?

Feel free to share any additional information about any academic difficulties your child may be experiencing.

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

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