



Trinity Academy

W225 N3131 Duplainville Road
Pewaukee, Wisconsin 53072
262 695-2933 fax 262 695-2934

email: info@trinityacademy.net web: www.trinityacademy.net

APPLICATION FOR ADMISSION

Name of Student _____ Date: _____

First Middle Last

Address _____

Number and Street City State Zip Code

Phone _____ Sex _____ Birthdate _____

Applying for Grade _____ Beginning _____

Month and Year

Father: Mr. Dr. _____

Address: _____ Phone: _____

Occupation: _____

Name of Firm: _____ Phone: _____

Business Address: _____

Mother: Mrs. Ms. Dr. _____

Address: _____ Phone: _____

Occupation: _____

Name of Firm: _____ Phone: _____

Business Address: _____

Guardian/Step-parent: Mr. Dr. _____

Address: _____ Phone: _____

Occupation: _____

Name of Firm: _____ Phone: _____

Business Address: _____

Please give names and ages of the applicant's brothers and sisters:

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

Name: _____ Age _____ Name: _____ Age _____

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STUDENT'S EDUCATIONAL HISTORY

Present Grade _____ (Please attach a copy of the most recent report card.)

Present School Name _____

Address _____ Dates Attended _____

Please list names, addresses, and enrollment dates of school previously attended:

Name _____

Address _____ Dates Enrolled and Departed _____

Name _____

Address _____ Dates Enrolled and Departed _____

Name _____

Address _____ Dates Enrolled and Departed _____

Are there any special issues that the school should be made aware of? For example, hearing, health, emotional or other difficulties?

Please list the student's hobbies, sports or other interests:

Please describe what has attracted you to apply to Trinity Academy:

Signature of Parent or Guardian _____

Date _____

Please mail this form to Trinity Academy with a non-refundable application fee of \$150 deductible from your first tuition payment.
Thank you.