



TRINITY CHRISTIAN SCHOOLS

"I can do all things through Christ who strengthens me." Philippians 4:13



Trinity Christian Schools APPLICATION PROCESS FOR Pre-K/KINDERGARTEN

Thank you for your interest in our school. To successfully apply for kindergarten, at Trinity Christian Schools, your child must be five years of age by September 1st. Additionally, all kindergarten applicants must be tested by *Chancy and Bruce Educational Resources, Inc*, an outside readiness testing service. There is a fee for this service paid directly to *Chancy and Bruce* at the time of the testing. This is a readiness test to determine if the child is developmentally ready for school, or if an additional year is needed to enhance school success.

Below you will find the five steps needed to apply for Trinity Christian Schools. Only complete applications will be accepted for registration consideration.

1. Download and complete the following:

- Application for Admission
- Family Commitment
- Family Commitment Addendum (for single parent/blended families)
- New Student Payment Plan
- Student Information Form
- Emergency Information Form
- Ethnic Background Information
- Internet Policy and Permission Form
- Parking Lot Safety Policy
- Drive-Thru Pick-up Application
- Report of Health Examination for School Entry
- Chancy and Bruce Readiness Testing Information/Permission Form (Kindergarten)

2. Provide the following original documents:

Original Birth Certificate or Passport
Chancy and Bruce Testing Results
Immunization Record

3. Turn in all the registration materials and non-refundable registration fee of \$500 to the Trinity Christian Schools' Registrar in the school office.

4. The Registrar will schedule an interview for you to meet with the principal.

5. You will be notified by mail as to the results of your applications.



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Trinity Christian Schools APPLICATION FOR PRE-K/KINDERGARTEN ADMISSION

Date of Application: _____

STUDENT INFORMATION

Last Name	First Name	Middle	Grade applying for:
Date of Birth	Age	Student Social Security	
Address	City	State	Zip Code
Home Phone	Birthplace (City, State)	Male	Female
Father's Name		Mother's Name	
Father's Social Security		Mother's Social Security	
Father's Email		Mother's Email	
Work Phone		Work Phone	
Employer		Employer	
Type of Work		Type of Work	

With Whom Does the Student Reside Mother/Father Mother **only** Father **only** Other

Legal Guardian(s):

Does the student exhibit special needs in any of the following areas?(circle)

Academics Discipline Social Adjustment Civil Authority

Give a brief explanation:

NAMES OF SIBLINGS AND BIRTHDATES

Name	Birthdate
1	
2	
3	
4	

TRINITY CHRISTIAN SCHOOLS POLICY STATES THAT CORRESPONDENCE BE SENT TO ONE MAILING

ADDRESS:

Person to whom mail is sent:

Address	City	State	Zip Code
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HOW DID YOU HEAR ABOUT OUR SCHOOL?

Friend	Website	Other

Name of Referring Family:

PERFORMING ARTS INVENTORY

List any experience or interest the applicant has had in the following arts:

Dance
Drama - Performance
Drama - Technical (sound, lighting, makeup, set design, etc.)
Instrumental
Visual Arts
Vocal

REFERENCES

Church		
Pastor, Youth Pastor		
Address		
City, State	Zip	Telephone

School		
Teacher or Counselor		
Teacher or Counselor		
Address		
City, State	Zip	Telephone

SELECTION WILL BE BASED ON THE FOLLOWING CRITERIA:

Behavior, based on teacher recommendation letters and screening forms.

Spiritual Commitment, based on the interview and the pastoral referral.

Academic Achievement, based on GPA and standardized testing results.

Artistic Aptitude, based on audition or portfolio.

Current TCS students will be granted priority.



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Kindergarten Readiness Testing By Chancy and Bruce Education Resources, Inc.

What is Kindergarten readiness?

Kindergarten readiness is the development and maturity that is necessary for a child to "cope and learn" within the school system over a 13+ year period of time.

Who should be screened for school readiness?

All students who are age-eligible, five years of age before Sept. 1st, and applying for kindergarten at the Shepherd's Grove Academy must be tested for kindergarten readiness

Why should I have my child screened for Kindergarten readiness?

Being age-eligible for entrance to school and being developmentally ready to meet with school success are two different matters. Before entering the school setting there are certain levels of skill developments and social maturity a child must attain if the school experience is to be a successful one. A screening provides an organized way of looking at your child's readiness. A screening pinpoints the child's strengths and weaknesses and aids parents in making viable decisions about their child's readiness for school entrance.

Early Childhood Experts agree:

"Children are born when they are ready, creep when they are ready, walk when they are ready, talk when they are ready, **but** start school when they are told to." "What people need to understand is that just because a child is chronologically 5 doesn't necessarily mean he is developmentally ready for school."

What type of screening is appropriate?

Your child will be screened on The School Readiness Developmental Profile. This screening assesses the child's ability to process information and not achievement based on rote memorization of facts. The assessment is a 30 minute screening. This means your child will be asked to perform school readiness tasks in the areas of:

- Gross Motor Skills
- Fine Motor Skills
- Visual Discrimination Skills
- Visual Memory Skills
- Auditory Discrimination Skills
- Auditory Memory Skills
- Receptive Language Skills
- Expressive Language Skills
- Reasoning Comprehension
- Social-Emotional Maturity

This screening is individually administered by trained personnel in the area of early childhood assessment.

What results will I receive?

The results of your child's screening will be presented in a mandatory parent workshop held at the school. You will receive a profile showing your child's readiness in each of the developmental areas. A recommendation on your child's readiness for school entrance will also be given.

Please complete the attached permission form with attached payment and return it to the Registrar in the Trinity Christian Schools Office by the deadline date as part of your admissions application.

CHANCY AND BRUCE EDUCATIONAL RESOURCES, INC.

Cost of Screening: \$50.00

Checks payable to: **CHANCY AND BRUCE**

School Name that my child attends: _____
M-W-F____, T-Th____, Everyday____, A.M.____, P. M.____, Room #/Teacher _____

Chancy and Bruce Educational Resources, Inc. has my permission to administer a developmental profile with my child.

Child's Name _____ Girl____ Boy ____
Address_____City_____Zip_____
Phone No. Home (_____) Work (_____) FAX: _____
Birthday _____
Signature of Parent/Guardian _____

Please provide the following information: (if yes, please explain)

Were there pregnancy or birth complications? _____
Was this child premature or post term? _____
Has this child had a history of chronic illnesses? _____
Does this child experience allergies? _____
Has this child had any unsettling experiences? _____
What is the primary language spoken in this child's home? _____

To aid us in determining your child's social-emotional level, please mark in the parent column the behaviors listed below that you have observed your child performing. Your child's teacher will also be marking the behaviors she has observed your child performing in the classroom.

DIRECTIONS: Write U for USUALLY, S for SOMETIMES, R for RARELY on the line next to each behavior.

CHILD'S BEHAVIOR

PARENT

TEACHER

Shows curiosity and interest in his/her surroundings	_____	_____
Initiates own play activities	_____	_____
Works and plays cooperatively with other children	_____	_____
Talks comfortably with other children	_____	_____
Takes turns and shares	_____	_____
Participates with others in large groups	_____	_____
Shows concern for others and their property	_____	_____
Does simple tasks independently	_____	_____
Follows directions	_____	_____
Pays attention	_____	_____
Consistently completes tasks	_____	_____
Attends to task at least 10 minutes	_____	_____
Is eager to learn new tasks	_____	_____
Able to express wants and needs	_____	_____
Feels good about self	_____	_____
Accepts limits/Follows rules	_____	_____
Accepts responsibility	_____	_____
Displays feelings in appropriate ways	_____	_____
Separates from parents without reluctance	_____	_____
Speech understood by others	_____	_____

Additional Comments: (Use Back if Needed)

Parent Signatures: _____

Teacher Signature: _____

PLEASE SEND RESULTS TO:
Trinity Christian Schools
12761 Euclid Street
Garden Grove, CA 92840



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Drive Thru Pick-up Application

As a convenience for our parents, we have drive-thru pick-up by the school playground from 2:32 pm–2:45 pm (Pre-K–5th) and 3:18–3:30 pm (6th–8th). If you wish to participate in this you do not need to get out of your car to sign-out your child(ren). However, you do need to complete and return this form to the school office. Your family will receive a brightly colored placard to place in your car windshield when you are in the drive-thru pick-up line.

At 2:32 pm and 3:18 pm the teachers will send all students to drive-thru that are participating in the program. The drive-thru staff will have the students seated within the safety zone. The name on the placard will be matched with your student when your car gets to the front of the line. Your student will then be placed into your car by a staff person and then you may exit out the gate. If you have not picked up your student(s) by 2:45 pm and 3:30 pm all students will be walked to and checked into Day Care. You do not need to call the office if you are not going to make it to drive-thru. Rest assured that your student will be taken care of and supervised at all times. Please also make your student aware of the procedure as we are unable to contact students during instructional times.

Release of Liability of Trinity Christian Schools

The undersigned, parent or legal guardian of the student identified below, instructs, authorizes, and releases Trinity Christian Schools of any liability. By signing this release, the parent or legal guardian is requesting and instructing Trinity Christian Schools to release the below named student(s) to the designated driver, as indicated by the authorized placard.

Parent Signature: _____ Date: _____

Print Name: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Number of Placards requested: _____



T.C.S EMERGENCY INFORMATION

Home phone # _____

Student: _____

Last First Middle Initial Gender Grade Date of Birth

Student: _____

Last First Middle Initial Gender Grade Date of Birth

Student: _____

Last First Middle Initial Gender Grade Date of Birth

Address: _____ **City:** _____ **Zip:** _____

Father's Email: _____ **Mother's Email:** _____

Student resides with:(circle) Both parents Mother Father Other Primary Language spoken in the home: _____

List the contacts in the order to be called after parents for daily pick-up, illness, injury, and emergencies.

Mother/Guardian: _____
Name Home # Work # Cell #

Father/Guardian: _____
Name Home # Work # Cell #

1. Name Daytime Phone # Cell Phone # Relationship to child

2. Name Daytime Phone # Cell Phone # Relationship to child

3. Name Daytime Phone # Cell Phone # Relationship to child

4. Name Daytime Phone # Cell Phone # Relationship to child

5. Name Daytime Phone # Cell Phone # Relationship to child

6. Name Daytime Phone # Cell Phone # Relationship to child

1. Should a serious illness or an accident occur and school personnel are unable to contact the parent(s)/guardian(s) permission is hereby granted for medical care to be given as required (the undersigned parent/guardian will pay any fee involved).

Parent/Guardian Signature: _____

Date: _____

2. What health problems/allergies does this student have?

We authorize the school secretary/staff to give Tylenol when necessary. Circle: YES NO

May we publish your address/telephone number for TCS/TCHS use? ___ Yes ___ No



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Trinity Christian Schools
Ethnic Information Survey

Child's Name: _____ Grade: _____

We are asked by the State of California to supply ethnic background information for each of our students. Your completion of this form will assist us in correctly identifying your child's ethnic background. Completing this form is voluntary; however, it would be greatly appreciated.

Thank You.

Please circle the appropriate choice:

- 1- American Indian/Alaskan Native
- 2- Asian
- 3- Filipino
- 4- Hispanic
- 5- Black
- 6- White
- 7- Pacific Islander

Primary Language Codes (please circle appropriate choice)

00 English

11 Arabic

12 Armenian

42 Assyrian

13 Burmese

09 Cambodian (Khmer)

03 Cantonese

14 Croatian

15 Dutch

16 Farsi

17 French

18 German

19 Greek

20 Guamanian (Chamorro)

43 Gujarati

21 Hebrew

22 Hindi

23 Hmong

24 Hungarian

26 Indonesian

27 Italian

08 Japanese

04 Korean

10 Lao

25 Llocano

07 Mandarin

44 Mien (Yao)

88 Native American Languages

55 Other Chinese

66 Other Pilipino (Tagalong)

41 Polish

06 Portuguese

28 Punjabi

45 Rumanian

29 Russian

30 Samoan

31 Serbian

01 Spanish

32 Thai

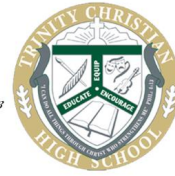
34 Tongan

33 Turkish

35 Urdu

02 Vietnamese

99 All Other Languages



Trinity Christian Schools
Family Commitment

We have read and understood Trinity Christian Schools' Philosophy of Education, which are set forth in the Student Handbook. We are in agreement with the Biblical beliefs expressed in the School's "Philosophy of Education."

We understand that in choosing a Christian setting for the education of our Trinity Christian Schools believe that is important for us to be responsible to establish and maintain a home and life environment which will support the Biblical teachings and beliefs of Trinity Christian Schools. We agree that our role as parent/legal guardian is crucial to the academic growth and success of our child and we will seek to be an example of beliefs taught by Trinity Christian Schools. We, as parents, accept the challenge to train up a child in the way he or she should go (Proverbs 22:6), and we do state that this training will be carried on in the home. We place our trust Trinity Christian Schools to extend that training more completely.

We understand that in an era where images of family relationships and personal sexuality are often confused and distorted, Trinity Christian Schools believes that it is important to teach and model the biblical view. We understand that Trinity Christian Schools teaches with an age-appropriate curriculum, that sexual intimacy is intended by God to only be within the bonds of marriage between one man and one woman, and that it is in the context of a loving marriage between one man and one woman that God intends children to be born and raised. We acknowledge that we have been informed about Trinity Christian Schools' policy and we agree to cooperate with Trinity Christian Schools in seeking to achieve its objectives in this regard.

We recognize that, as parent of a child at Trinity Christian Schools we will be given opportunities to participate in the education of our child through presence on the school campus, or involved in school activities.

We recognize that Trinity Christian Schools believes that the words and conduct of adults within the school setting can have an important influence on the growth and development of the students, and the ability of Trinity Christian Schools', to achieve its spiritual and academic view and objectives, and we agree that we will support them, both in word and deed, while on the school campus, or involved in school activities.

We hereby state that we have made a thorough investigation of the Trinity Christian Schools' program, curriculum, discipline, dress code, policies and procedures and we agree to make them our glad-hearted choice for the coming school year. We agree to abide by them and support the school in the established rules and regulations. We understand that failure of the parents or child to comply with the established regulations and discipline, or failure to meet financial obligations will forfeit the student's privilege of attending Trinity Christian Schools.

Unresolved issues will be taken care of by using Trinity Christian Schools' "chain of command" (1/Teacher, 2/Administrator, 3/ School Board).

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Father's Signature _____ Mother's Signature: _____
Print Name: _____ Print Name: _____
Date: _____ Date: _____

(If Applicable)
Step-Mother: _____ Step-Father: _____
Print Name: _____ Print Name: _____

Trinity Christian Schools **Family Commitment (con't.)**

We understand that we have an obligation to be actively involved in the education of our children. We agree to uphold and support the high academic standards of Trinity Christian Schools by providing a place at home for our children to study, and to give our child encouragement in the completion of homework assignments.

We will faithfully support Trinity Christian Schools through our prayers and positive attitude, and in keeping with Matthew 18:15 we are committed to giving a good report by sharing any complaints and negative comments only with the people involved.

We believe that discipline is necessary for the benefit of each student as well as for the entire school. We give permission to the teachers and administration to make and enforce regulations in a manner consistent with Christian principles and disciplines as set forth in the scriptures (Proverbs 13:24; 29:15 and 17; Colossians 3:20; Hebrew 12:5). We further agree that we will cooperate and discipline our child in the home as needed. We further agreed to abide by the Discipline Plan set forth in the Trinity Christian Schools' Handbook.

We pledge that if, for any reason, our child does not respond favorably to the Trinity Christian Schools, we will do everything in our power to cooperate with the Trinity Christian Schools to help make necessary adjustments. If these adjustments cannot be made, then we agree to quietly withdraw our child. We agree to pay our tuition on or before the first of each month beginning with the 1st of July and continuing for 12 months. We understand that a late charge will be added to my monthly amount, if payment is not made by the 10th of the month. We understand that failure to pay can result in the dismissal of my child from school. We further understand that there is an added charge for returned checks and for early drop off and late child pickup. It is the policy of Trinity Christian Schools to make no refunds of fees or tuition payments once a child has been accepted for enrollment, or if a student is expelled.

We understand that assessments will be made to cover damages to the school, including breakage of windows, book damage, and abuse of other personal property caused intentionally by any student.

We will support Trinity Christian Schools by involvement in Parent-Teacher conferences, Open house, Parent-Teacher Fellowship activities, workdays, and other school sponsored meetings and activities.

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Student Name: _____ Grade: __ Student Name: _____ Grade: __

Father's Signature: _____ Mother's Signature: _____

Social Security # (required): _____ Social Security # (required): _____

Date: _____ Date: _____

(If Applicable)

Step-Mother: _____ Step-Father: _____

Print Name: _____ Print Name: _____

Single Parent Addendum (If Applicable)

I, as the registering parent, have signed the above Family Commitment from Trinity Christian Schools. I understand it is my responsibility (not the School's) to notify the other parent that he/she must also sign this Family Commitment to communicate with Teachers, Administration, and the Office Staff with regards to our student.

Parent Signature: _____ Date: _____



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Trinity Christian Schools NEW STUDENT PAYMENT PLAN

Student Name: _____

School Year _____ **Grade Level** _____

Father's Name (Print): _____

Father's Email: _____

Father's Cell Phone #: _____

Mother's Name (Print): _____

Mother's Email: _____

Mother's Cell Phone #: _____

Billing Address _____

City, State, Zip _____

Home Phone # _____

Please initial your choice of payment plan: (See rate sheet)

___ **Year Paid in Full (Sept. 1st)**

___ **Two Payment Plan (Sept. 1st & Feb. 1st)**

___ Ten Payments (Sept. 1st – June 1st)

APPLICATION FEE _____ \$500.00

Application fees are NON-REFUNDABLE.

Make checks payable to TCS or attach cash.

Office Use Only

App: Cash	Check # _____	Amount\$ _____	Date: _____
Tuit: Cash	Check # _____	Amount\$ _____	Date: _____



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Trinity Christian Schools Parking Lot Safety

All vehicles operated on the grounds of Trinity Christian Schools in accordance with First Baptist Church must be operated and parked in a safe manner in accordance with the following policy.

The highest safety must go to the safe movement of the pedestrians. All vehicle traffic must yield to pedestrian traffic: our guests, visitors, children, and our staff.

The maximum vehicle speed, while on this campus is, **10 miles per hour**. This applies to all vehicles operated by staff, parents, High School drivers, visitors, business/service vehicles and commercial vehicles.

High School drivers must provide the office with a copy of their Driver's License, and Proof of Insurance before receiving a placard to park on campus. Only student drivers with a valid placard will be allowed to park on campus. Student drivers must park in the designated student lot and nowhere else on campus.

To ensure constant vigilance and concern for the safety of all people on TCS property, School security and staff will be enforcing the following directives:

First Offence: Written description of violation and acknowledgement of receipt, including agreement to correct behavior.

Second Offence: The adult will be required to park in the lot North of the campus building and walk the child(ren) to be signed in/out for the duration of one week. HS students will receive a detention and further discipline procedures may be required.

Third Offence: Suspension of driving privileges on this campus, duration to be determined. Receipt of a third offense could result in revocation of on campus driving privileges.

Long and Short Term Vehicle Parking

Citations will be issued to those parking in:

- Designated handicap parking (without proper tag).
- Special, not posted, but not open to the public (cones present, etc.).
- No overnight parking.

Trinity Christian Schools
Parking Lot Safety Policy Agreement

I have read the Trinity Christian Schools Parking Lot Safety Policy and agree to abide by this policy for the duration of time that our child/ren are attending the Academy/High School.

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

High School Drivers: also complete below

High School Driver Name: _____ Grade: _____

High School Driver Signature: _____ Date: _____

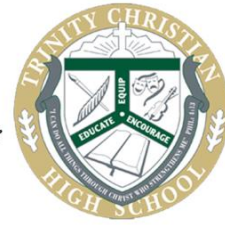
Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



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Trinity Christian Schools PHOTOGRAPH/MEDIA RELEASE

Photographs of TCS students as well as student work will be used for publicity purposes in various media, including school flyers, e-mail, internet, Facebook, newspapers, computer communications, radio and television. No commercial use will be made of the photographs. No personal information or names will be released with the photographs or student work.

Parent/Guardian: _____

Date: _____

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last: _____ First: _____ Middle: _____ BIRTH DATE—Month/Day/Year: _____

ADDRESS—Number, Street: _____ City: _____ State: _____ ZIP code: _____ SCHOOL: _____

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	/ /
Physical Examination	/ /
Dental Assessment	/ /
Nutritional Assessment	/ /
Developmental Assessment	/ /
Vision Screening	/ /
Audiometric (hearing) Screening	/ /
Tuberculin Test (Mantoux/PPD)	/ /
Blood Test (for anemia)	/ /
Urine Test	/ /
Blood Lead Test	/ /
Other	/ /

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.
Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTp/DTTd (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: (please explain)

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

- Please check this box if you **do not** want the health examiner to fill out Part III.

Signature of parent or guardian: _____ Date: _____

Name, address, and telephone number of health examiner: _____

Signature of health examiner: _____ Date: _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.



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Trinity Christian Schools RULES FOR STUDENT TECHNOLOGY

Please read this document carefully. Your child is authorized to use *Trinity Christian Schools'* online services (with teacher supervision) when he/she and a parent/guardian read, discuss, and agree to the following:

Student Rules

1. *Trinity Christian Schools'* technology resources may only be used with your teacher's permission and supervision.
2. *Trinity Christian Schools'* technology resources will only be used for school purposes. If you use the school's technology resources inappropriately/unlawfully, you will lose technology privileges and may face further disciplinary action or criminal prosecution.
3. If you accidentally find a place on the Internet that is inappropriate, you should immediately tell the teacher or another adult.
4. Do not give out any personal information about yourself or others when you are using the Internet (for example, your last name, address, phone number, school address, etc.).
5. Do not copy another person's work and call it your own (writing, pictures, art, video, etc.). That is called "*plagiarism*" and will result in disciplinary action.
6. *Trinity Christian Schools'* technology resources are never to be used to bully another person or to talk inappropriately about others.
7. Tell your teacher or another adult if you receive any messages that are inappropriate or make you feel uncomfortable.
8. Do not attempt to damage or over-ride *Trinity Christian Schools'* technological resources in any way.
9. Do not access or attempt to access social networking sites, such as *Facebook*, *Instagram*, or *Twitter* from any device (including your own property) while on campus.
10. **Any bullying or harassment that is done at any time (on or off campus) with a computer or any type of communications device will result in discipline at school up to and including expulsion, legal action, or prosecution by the authorities.**

In signing below, I confirm that I have read and discussed the "*Rules for Student Technology Use*" with my child and that I agree to these provisions. In the event that my child does not follow these rules, I understand that he/she may lose all network and Internet privileges and could be further disciplined by school personnel and/or be subject to legal action. I give permission to *Trinity Christian Schools* to provide internet access to my child.

Parent/Guardian

Signature Date

Student Signature

Date



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Trinity Christian Schools STUDENT INFORMATION FORM

Trinity Christian Schools

12761 Euclid Street

Garden Grove, CA 92840

PH. # 714-971-4159

FAX # 714-823-4447

Please complete both pages of this form and return it directly to Trinity Christian Schools Admission Office at the above address.

Student's Name _____
(Last) (First) (Middle)

Applying to Grade _____ Beginning September, 20_____

.....
(To be completed by authorized staff persons at the school in which the student is currently enrolled.)

Name of School _____

Address _____
(City) (State) (Zip)

Telephone () _____

Principal's Name _____

Teacher's Name _____

In what capacity and for how long have you known the applicant?

Please indicate your ratings by numbers in the right-hand column. Use a question mark where you have insufficient evidence. Your candid estimate of the applicant will be of invaluable assistance to the Admissions Committee and your comments will be held in strict confidence.

Confidential Principal/Teacher Recommendation

	1.	2.	3.	4.	5.	Ratings
Academic Potential	Exceptionally Promising Student	Generally Strong Student	Average student, capable of satisfactory work	Below average __ marginal ability __ lacks motivation	Questionable Candidate	
Personal Qualities	Outstanding - Leads & Participates	Generally Strong	Average	Below Average, Immature	Very Immature For Age	
Emotional Stability	Exceptionally Stable	Well Balanced	Generally Well Balanced	__ Excitable __ Unresponsive __ Distractible	__ Hyper-emotional __ Apathetic	
Summary	Outstanding	Above Average	Average	Below Average	Poor	

Student's Name _____
(Last) (First) (Middle)

1. Please comment on the applicant's attitude toward school _____

2. To your knowledge, has the applicant had any history of involvement with drugs, alcohol, or juvenile delinquency? Yes___ No___ if yes, please explain:

3. Has the applicant ever been suspended or expelled? Yes___ No___ if yes, please explain:

4. To your knowledge, has the applicant had any history of conduct or behavior problems? Yes ____
No ____ if yes, please explain: _____

5. Does the candidate have any history of learning disability or has he/she required any special help to meet academic requirements? Yes ____ No ____ if yes, please explain:

6. Additional comments, if needed. _____

Private Schools: Has this family been stable in fulfilling their financial obligations?
Yes ___ No ___ if no, please explain: _____

Teacher's Signature _____ Date: _____

Principal's Signature _____ Date: _____