



TRINITY SCHOOL OF TEXAS

215 Teague Street • Longview, Texas 75601 • (903) 753-0612 • FAX (903) 753-4812 • www.trinityschooloftexas.com

Please complete all blanks. Type or print legibly.

STUDENT APPLICATION INFORMATION

Student's Legal Name: _____
First Middle Last Preferred Name

Home Address: _____
Street or P. O. Box City State Zip Code

Telephone: _____ Children's phone: _____ Social Security Number: _____

Church Membership: _____ (Optional) Denominational Preference: _____ (Optional)

Male Female Date of Birth: _____ Age: _____

Student Lives With (Check all that apply): Mother and Father Mother Father Legal Guardian Stepmother Stepfather

Check if appropriate: Parents separated Parents divorced Mother deceased Father deceased Mother remarried Father remarried

List parent(s) to receive Admissions Correspondence: _____ School Communications: _____

Current Grade: _____ Applying for Grade: _____ Year of Entry: _____

Ethnic Origin: Caucasian Black Hispanic Indian/Sub-Continent Middle East/Persian Asian Pacific Islander American Indian

FAMILY INFORMATION

FATHER STEP-FATHER

MOTHER STEP-MOTHER

Name: _____ Name: _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Telephone: () _____ Home Telephone: () _____

Fax: () _____ Fax () _____

Cellular phone: () _____ Cellular phone: () _____

Email Address: _____ Email Address: _____

Social Security Number: _____ Social Security Number: _____

Business/Occupation: _____ Business/Occupation: _____

Position/Title: _____ Position/Title: _____

Business Address: _____ Business Address: _____

City/State/Zip: _____ City/State/Zip: _____

Business Telephone: () _____ Business Telephone: () _____

NON-CUSTODIAL PARENTS (Custody arrangements must be documented)

FATHER STEP-FATHER

MOTHER STEP-MOTHER

Name: _____ Name: _____

Home Address: _____ Home Address: _____

City/State/Zip: _____ City/State/Zip: _____

Home Telephone: () _____ Home Telephone: () _____

Fax: () _____ Fax () _____

Cellular phone: () _____ Cellular phone: () _____

Email Address: _____ Email Address: _____

Social Security Number: _____ Social Security Number: _____

Business/Occupation: _____ Business/Occupation: _____

Position/Title: _____ Position/Title: _____

Business Address: _____ Business Address: _____

City/State/Zip: _____ City/State/Zip: _____

Business Telephone: () _____ Business Telephone: () _____

APPLICATION FOR ADMISSION

