

6. Does the applicant take medication for any reason?

- YES
- NO

If "yes", please describe the medication and its effect (if aware of any) on your child. (i.e. better focus, headaches, moodiness, etc.) _____

7. What are the applicant's strengths?

8. Describe the applicant's areas of needed improvement?

9. Check the activities that the student enjoys the most:

- | | |
|-------------------------------------|------------------------------------|
| <input type="radio"/> Art | <input type="radio"/> Drama |
| <input type="radio"/> Basketball | <input type="radio"/> Golf |
| <input type="radio"/> Track & Field | <input type="radio"/> Choir |
| <input type="radio"/> Soccer | <input type="radio"/> Other: _____ |
| <input type="radio"/> Cheerleading | |

10. Which subjects does the applicant enjoy the most?

11. Please choose one of the statements and write a response on a separate sheet.

(For Middle & Upper School applicants)

- Describe a person you admire or who has influenced you a great deal.
- What makes you the interesting person that you are? (Include the qualities you like best about yourself.)
- Elaborate on the reasons for wanting to attend Trinity School of Texas.

I understand that withholding or misrepresenting information requested in this questionnaire may jeopardize admission or enrollment at Trinity School of Texas. My signature below indicates that all the information contained in this questionnaire is correct, complete, and honestly presented.

Signature of parent or guardian

Date

Please return this form directly to Jill McCreary-Galvez, Director of Admission.