

Trafton Academy

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For Office Use Only

Received On _____
Sibling On _____
Sibling In _____

Aug May
School Year 20____ - 20____

ENROLLMENT APPLICATION

Name _____ Grade _____

Child's Mailing Address _____ City/State/Zip _____

Home Telephone _____ Cell Telephone _____

Birthdate _____ Male ___ Female ___ E-mail Address _____

Child is: White ___ Black ___ Hispanic ___ Asian ___ Native American ___

Child Lives With: Both Parents ___ Mother ___ Father ___ Legal Guardian ___

Father's Name _____ Occupation _____

Employer _____ Work Telephone _____

Cell Telephone _____

Mother's Name _____ Occupation _____

Employer _____ Work Telephone _____

Cell Telephone _____

Step-parent's/Guardian's Name _____ Occupation _____

Employer _____ Cell Telephone _____

School Last Attended by Child _____

Other Children/ages (under 13) in family _____

Learning Disabilities, Physical Handicaps, Other Health Problems? _____

There is to be no money accompanying this application; however, the registration fee is due upon acceptance of your child. **Once accepted, the registration fee and any tuition paid to Trafton are NON-REFUNDABLE.**

Signature of Parent/Guardian