

Trafton Academy

P. O. Drawer 2845
Hammond, LA 70404
Phone: (985) 542-7212
Fax: (985) 542-7213
www.traftonacademy.org

For Office Use Only

Received On _____
Sibling On _____
Sibling In _____
Child of Alumni _____

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? _____

The application process for grades 1-8 will be considered complete only upon submission of the application, a copy of the most current report card, and a copy of the previous year's standardized test scores. **Applications will not be considered until all records have been submitted.**

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 is **NON-REFUNDABLE**. Tuition is also non-refundable.

Signature of Parent/Guardian