

TRINITY BUCKINGHAM ACADEMY APPLICATION FOR THREE YEAR OLD PROGRAM

Child's Name: _____

Nickname: _____

Address: _____

_____ Zip _____

Home Phone _____

Child's Birth date: Month _____ Day _____ Year _____

APPLICANT MUST BE THREE YEARS OF AGE BY SEPTEMBER 1, 2020

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Business Phone: _____ Business Phone: _____

List previous school experience: _____

List names and ages of siblings: _____

FOR OFFICE USE ONLY

Date Received: _____

Date of Admission: _____

Date of Withdrawal: _____