

TRINITY BUCKINGHAM ACADEMY
Enrollment Application for 2022-2023

Circle One Program from below:

Jump Start	Pre-School 3's	Pre-K 4's	K Enrichment
Must be 2 ½ by Sept. 1	Must be 3 by Sept. 1	Must be 4 by Sept. 1	Must be enrolled in a Kindergarten program

Child's Name: _____

Address: _____

Zip _____

Home Phone _____

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

Parent's/Legal Guardian's Name: _____

Address:(If different than the above address)

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

Parent's/Legal Guardian's Name: _____

Address:(If different than the above address)

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Email: _____

List previous school or group experience: _____

Please comment on any special situation that would affect your child in school including but not limited to health, diet, legal custody, etc.

List names and ages of siblings:

Office Use Only: Date Rec'd _____

Check # _____ Amount _____

Date of Admission: _____

Date of withdrawal: _____