

**TRINITY BUCKINGHAM ACADEMY**  
**Enrollment Application for 2024-2025**

Circle One Program from below:

<b>Jump Start</b>	<b>Pre-School 3's</b>	<b>Pre-K 4's</b>	<b>K Enrichment</b>
Must be 2 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: \_\_\_\_\_