



K A N K A K E E TRINITY ACADEMY

Pre-School - High School

1580 Butterfield Trail, Kankakee, IL 60901 • 815-935-8080

Graduating Year _____

Application for Admission

Desired Entry Date: _____ Date of Birth _____ Grade student would enter: _____
(Day / Month / Year) (Day / Month / Year)

If Pre-K student specify desired days per week Full - 5 (M-F) Full - 3 (M-W-F) Full - 2 (Tu-Th) Half-Day 5 days

NOTE: All of the confidential information requested is necessary to help determine if our program will meet your child's behavioral and academic needs.

Student: _____ Sex: Male Female
(Last Name) (First Name) (Middle Name)

Birthplace: _____ Home Telephone: (_____) _____

Home Address: _____

Student E-Mail: (6th grade and up for Sycamore) _____

Student living with: Father Mother Both Guardian Other (Please List) _____

Emergency Contact Person: _____ Phone #: _____
(Other than parent or guardian)

Parents: Parent / Guardian #1

Parent / Guardian #2

Name: _____

Name: _____

Role: Father Mother Step Parent

Role: Father Mother Step Parent

Mailings: Mr. / Mrs. _____

Mailings: Mr. / Mrs. _____

Address: _____

Address: _____

Home Phone #: (_____) _____

Home Phone #: (_____) _____

Cell Phone #: (_____) _____ Carrier: _____
(For emergency texts)

Cell Phone #: (_____) _____ Carrier: _____
(For emergency texts)

Work Phone #: (_____) _____

Work Phone #: (_____) _____

E-mail address: _____

E-mail address: _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Business Address: _____

Business Address: _____

Business Telephone: (_____) _____

Business Telephone: (_____) _____

Work Hours: _____

Work Hours: _____

Marital Status: Married Separated Divorced
 Remarried Single Widow/Widower

Marital Status: Married Separated Divorced
 Remarried Single Widow/Widower

Highest Level of Education: _____

Highest Level of Education: _____

Church Affiliation: _____

Church Affiliation: _____

Pastor: _____

Pastor: _____

Attend Church: Regular Often Seldom

Attend Church: Regular Often Seldom

Additional Student Information

Last Name: _____ First Name: _____ Middle: _____

Insurance: _____

Doctor: _____ Phone #: _____

Church Affiliation: _____ Pastor: _____

Education Background:

List chronologically all schools attended, including preschool and Kindergarten. If any years were tutored study, please describe and give dates of tutorial sessions.

Date	Grade	Name of School	Address of School

Scholastic Grades: (Check the one which mostly closely resembles your child's grade reports.)

Superior Above Average Average Below Average

Is your child transferring from another school? Yes No *If yes, please explain on a separate sheet.*

Has your child ever been retained? Yes No *If so, please state which grade and explain on a separate sheet.*

Has your child ever been:

Suspended: Yes No Expelled: Yes No Asked to withdraw: Yes No

If so, *please give full particulars on a separate sheet of paper*, including principal's name and address of the school.

Reasons for interest in Kankakee Trinity Academy:

Why do you, as parent or guardian of this student, desire to enter your child in *Kankakee Trinity Academy*?

Does your child want to attend KTA? Yes No Why or why not? _____

(For student's 5th grade & above) In your own handwriting, please write why you do or do not want to attend KTA.

How did your family become acquainted with *Kankakee Trinity Academy*? _____

Other Children in Family:

Name	Grade	School(s) they attend

General Physical / Mental Condition

- 1) Does your child wear eye glasses? Yes No All of the time? Yes No
- 2) Is your child hearing impaired? Yes No
- 3) Does your child have any physical conditions or limitations that require special accommodations? Yes No
If yes, explain _____
- 4) Has your child been recommended for special accommodation testing due to educational or social concerns? Yes No
If yes, has the testing been completed? Yes No
- 5) Has your child at any time had accommodations or an IEP used along with the regular education plan or curriculum? Yes No
 Currently In the past If yes, please include a copy of the plan with this application.
(We do not currently offer a full time Learning Center / Resource Classroom for Special Education needs. However some needs may be met through our limited available services for an additional fee.)
- 6) Has your child demonstrated or been diagnosed with any of the following:
 Learning Disorder Behavior Disorder Hyper-Activity Attention Deficit Disorder
 Attention Deficit Hyper-activity Disorder Mood/Personality Disorder Similar difficulties? _____
- 7) Is your child currently taking or has previously taken any medication for any of the above? Yes No
Name of Medication: _____ Currently? Yes No
- 8) Has your child been diagnosed with a mental illness? Yes No Explain.

- 9) Has your child, to your knowledge, used any type of non-prescription drugs, alcohol, tobacco, or has he/she ever been in any type of trouble with the law? Yes No If yes, please explain on a separate sheet of paper.
- 10) Comment on your child's personality traits. (Ex: well-behaved, poised, responsible, congenial, temperamental, aggressive, domineering, fearful)

Parents Pledge

We understand that attendance at *Kankakee Trinity Academy* is dependent on our child's achievement level, conduct, attitude, also, our cooperation, as parents, with the school in regard to the educational program, and consistent and prompt payment of tuition and other fees.

We, therefore, pledge our cooperation with *Kankakee Trinity Academy* in encouraging our child to follow the school's Christian teachings and standards. We further pledge to uphold the authority of the teachers and administration of the school, recognizing the importance of discipline and, as parents, support the administration's policy for discipline.

The required registration fee is enclosed for each child we are enrolling. We understand this fee is a reservation/registration fee for one year, and that the fee will be returned if our child is not accepted for admission. We realize this fee for reservation/registration is NON-REFUNDABLE if WE decide against sending our child to *Kankakee Trinity Academy*. We further understand that a student's records will not be released, upon transfer to another school, unless our financial accounts are paid in full.

Parent #1 / Guardian Signature: _____ Date: _____

Parent #2 / Guardian Signature: _____ Date: _____

Kankakee Trinity Academy admits students of any sex (gender), race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students in the academy. *Kankakee Trinity Academy* does not discriminate on the basis of sex (gender), race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school-administered programs.

- *KANKAKEE TRINITY ACADEMY* REQUESTS A COPY OF PREVIOUS YEAR'S REPORT CARD.
- A COPY OF IMMUNIZATION RECORDS, A COPY OF BIRTH CERTIFICATE, AND A CURRENT YEAR'S PHYSICAL IS REQUIRED UPON ADMISSION.
- CURRENT DENTAL CHECK UP IS REQUIRED FOR KINDERGARTEN, SECOND GRADE AND SIXTH GRADE.
- ANY CHILD ENTERING KINDERGARTEN IS REQUIRED TO HAVE AN EYE EXAM.
- ALL NEW STUDENTS ARE ACCEPTED ON A PROBATIONARY STATUS LASTING ONE SCHOOL YEAR.

The Administrator may want your child to attend the school for up to three days as a visitor, so that his/her behavior can be observed to assist us in determining if your child will fit into our program, and to see if our program will meet your child's behavioral or academic needs.

Are you willing for your child to visit? (Circle one) Yes No

Parents & Student initial each item:

- 1. All new students must take an academic entrance examination. (This does not apply to Pre-school or Kindergarten.) _____
- 2. A copy of the student's latest report card is required and it is the responsibility of the parents' to produce. Release of transcript form will be sent to former school for official transcripts upon acceptance by the Board of Directors. _____
- 3. All new students are accepted on a probationary period lasting one full school year. This means that at any time during that year the student could be asked to no longer attend the school if the KTA Board of Directors feels they are presenting behavior problems, etc., beyond the scope of our staff to handle. _____
- 4. The KTA Board of Directors has the final authority regarding the acceptance of a new student. _____
- 5. The KTA Board of Directors may expel a student who demonstrates inappropriate behavior. _____
- 6. If a student is expelled and the legal guardians wish to appeal the expulsion, the appeal must be made in writing to the Board of Directors and the board must be unanimous in its vote for a student to be re-admitted. _____
- 7. Swearing or vulgarity of any kind will not be tolerated and very likely will result in expulsion. _____
- 8. This school practices a non-discriminatory policy regarding race, sex (gender), and national origin. The school is interracial. _____
- 9. Students are obligated to take good care of and not damage the school and its property. For example, chewing gum is not allowed in the school. _____
- 10. Book fees are NOT refundable in whole or in part. _____
- 11. For a student's application for admittance to be considered by the school, an application for admission must be filled out prior to an upcoming Board meeting. (Board meetings are usually held the first Monday of each month.) _____
- 12. The behavior and academic performance of each student is reviewed at the end of each school year to determine if that student will be re-admitted for the following school year. _____

A signature on the following line means that the above information has been communicated to the legal guardian(s) of this student, and that you agree that the school has full discretion in the discipline and grade placement of your child, and that the school reserves the right to dismiss any child who, by behavior and attitude, hinders the educational process of the school or who does not maintain the academic standards of the school. You further acknowledge that your services may be called upon to lend practical help in the operation of the school. You also agree to support the work of the school in prayer.

Parent #1 / Guardian Signature: _____ Date: _____

Parent #2 / Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

