



# 2017-2018 Trinity New Family Enrollment Form



## WELCOME!

Thank you for enrolling with Trinity Catholic Schools.  
Please fill out this form entirely and return to the Trinity Business Office.

### Father/Guardian Information:

Father Last Name: \_\_\_\_\_  
 Father First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Father Home Phone: \_\_\_\_\_  
 Father Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Parish/Religion\*: \_\_\_\_\_  
 Trinity Graduate? NO YES Year: \_\_\_\_\_

### Mother/Guardian Information:

Mother Last Name: \_\_\_\_\_  
 Mother First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State Zip: \_\_\_\_\_  
 Mother Home Phone: \_\_\_\_\_  
 Mother Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Parish/Religion\*: \_\_\_\_\_  
 Trinity Graduate? NO YES Year: \_\_\_\_\_

\*We welcome families of all faith denominations and religious professions. You do not need to be Catholic to attend Trinity

Student(s) live with:  Both parents  Father  Mother  Other \_\_\_\_\_

Who should receive correspondence from the school (i.e. report cards, school mailings, newsletters):

Choose One:  Both parents  Father  Mother  Other \_\_\_\_\_

Parental Concerns/Notes: \_\_\_\_\_

**Emergency Contact:** *List someone, other than parents, who the student(s) may be release to, or who may make decisions regarding the student(s) should something happen to parents.*

Primary Contact / Relation	_____ / _____	Phone _____
Secondary Contact / Relation	_____ / _____	Phone _____
Clinic & Doctor	_____	Phone _____
Dentist Clinic & Dentist Name	_____	Phone _____

\*\*Note: Trinity Catholic Schools (Trinity) has limited resources to serve students with disabilities. We will make every effort to work with your child within the range of services Trinity can provide. New students who enroll at Trinity are required to begin with a probationary period. If necessary, after a nine-week period from enrollment (or sooner if need be), a meeting including the principal/dean of students and parents will be held to discuss how the student is adjusting to the new school setting, whether or not the student is demonstrating academic success, and whether or not the student is exhibiting behavior consistent with Trinity standards. In the event that a student does not show adequate progress during this probationary period, the student may be required to withdraw from Trinity.

**STUDENT INFORMATION: PLEASE USE LEGAL NAME****Student Number 1**

First Name:		Middle Name:	Last Name:		Gender: Male      Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East      Trinity West      Trinity North (5 & 6)      Trinity JH/HS			
Date & Place Baptized (write N/A if not applicable):			Date & Place Confirmed (write N/A if not applicable):		
Race (circle one): Caucasian      Native American      African American      Latino/Hispanic      Asian/Pacific Islander      Other					
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

**Student Number 2**

First Name:		Middle Name:	Last Name:		Gender: Male      Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East      Trinity West      Trinity North (5 & 6)      Trinity JH/HS			
Date & Place Baptized (write N/A if not applicable):			Date & Place Confirmed (write N/A if not applicable):		
Race (circle one): Caucasian      Native American      African American      Latino/Hispanic      Asian/Pacific Islander      Other					
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

**Student Number 3**

First Name:		Middle Name:	Last Name:		Gender: Male      Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East      Trinity West      Trinity North (5 & 6)      Trinity JH/HS			
Date & Place Baptized (write N/A if not applicable):			Date & Place Confirmed (write N/A if not applicable):		
Race (circle one): Caucasian      Native American      African American      Latino/Hispanic      Asian/Pacific Islander      Other					
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

**Student Number 4**

First Name:		Middle Name:	Last Name:		Gender: Male      Female
Date of Birth:	Grade:	School to Enter (circle one): PRESCHOOL    Trinity East      Trinity West      Trinity North (5 & 6)      Trinity JH/HS			
Date & Place Baptized (write N/A if not applicable):			Date & Place Confirmed (write N/A if not applicable):		
Race (circle one): Caucasian      Native American      African American      Latino/Hispanic      Asian/Pacific Islander      Other					
Special Needs Notes or Medical Conditions e.g. glasses/contact/allergies, IEP or 504 Plan. Also list any medications student takes on normal basis. <i>Please explain. All information will remain confidential.</i>					

## *2017-2018 Trinity Catholic Schools Tuition Schedule*

Grade Level	Registration Fee*	Technology Fee**	Tuition Rate	Total	10 mthly Pmts	12 mthly Pmts
Preschool 2 day	\$75	\$0	\$1,450	\$1,525	\$145	\$121
Preschool 3 day	\$75	\$0	\$1,800	\$1,875	\$180	\$150
Preschool 4 day	\$75	\$0	\$2,400	\$2,475	\$240	\$200
Grades K-6	\$75	\$100	\$3,050	\$3,225	\$305	\$255
Grades 7-8	\$75	\$100	\$3,700	\$3,875	\$370	\$309
Grades 9-12	\$75	\$100	\$4,250	\$4,425	\$425	\$355

\*Registration fee of \$75 is non-refundable

\*\*Monthly payment amounts listed above do not include the non-refundable registration fee and technology fee. Technology fee **must be paid** with the first tuition payment.

### *Students Enrolling*

School	Grade	Student name	Tuition Amount
<b>Subtotal</b>			=
<b>Multiple Child Discount (\$150/child starting with 3<sup>rd</sup> child)</b>			-
<b>TOTAL Family Tuition</b>			=
<b>The below adjustments are to be calculated by Business Office only</b>			
<b>Minus Pre-Payments Made (i.e. registration or tuition)</b>			-
<b>Minus Other Adjustments (scholarships, work study/employee discount)</b>			-
<b>Minus Referral Tuition Credit</b>			-
<b>Tuition Payment Plan TOTAL</b>			=

### *Additional Fees*

**Incidental Fees:** These fees are incurred during the school year and are billed through FACTS. **These fees are not part of your tuition payment plan.** They are additional fees that include but are not limited to:

- Extended care, hot lunch, milk/juice for snack break, athletic travel gear, lost library/text books, testing fees
- **Extra-Curricular Fees** are billed after the season has started. Fees are as follows:
  - Elementary Fees (5<sup>th</sup> & 6<sup>th</sup> grade only): Band, Basketball, Track & Volleyball = \$50/activity
  - JH/HS Fees: Drama, Speech, Football, Volleyball, Basketball, Track & Golf = \$100/activity
- **College Course Fees (Dual Credit)** will be billed through FACTS. Dual Credit course fees will be set in the fall.

**Payment Options (check one)**

- I will make payments through FACTS Tuition Management Program.
- I will PAY IN FULL by July 1<sup>st</sup> via personal check. (Please make checks payable to Trinity Catholic Schools.)
- I will pay by check by the 15<sup>th</sup> of the month. I understand with this option I will be assessed a late fee if payment is not received by that date.

**Tuition Assistance**

To be considered for tuition assistance, a family must complete a Confidential Financial Aid Application. The application and the required documentation must be completed/submitted via the FACTS Financial Aid Application Process by **May 1, 2017** to receive priority consideration (Round 1). When applying for Tuition Assistance a family must ALSO set up a payment plan in FACTS. Families will be informed of the decision on their application within the month of **May 2017**.

Trinity Catholic Schools makes every effort to offer financial assistance or scholarships to any child (grades K-12) wishing to attend. Please communicate any financial concerns to the Business Office during the enrollment process and as your family circumstances change over time.

**Payment Terms and Agreement**

This Tuition and Fees Agreement is a legal contract with Trinity Catholic Schools that **must be signed by ONE Responsible Party** upon enrollment. **The Responsible Party** is the person that receives the monthly billing statement and the one that is required to make payments. If a person other than the Responsible Party (ex-spouse, grandparent, or other unrelated individual or entity) desires to also assume financial responsibility, he or she must sign a **separate** Tuition and Fees Agreement and remit payments according to the agreed-upon schedule. If only one form is submitted, the full tuition balance will be applied to the account of that Responsible Party. Failure to submit this Agreement to the Trinity Catholic Schools Business Office will result in your child’s dismissal. **Tuition and fees must be paid in full on ALL accounts associated with the child(ren) by the end of the school year to qualify for enrollment the following year.**

**My signature below indicates that I have read and understand the terms of the agreement and my financial obligation to Trinity Catholic Schools.**

\_\_\_\_\_ **Responsible Party - Parent/Legal Guardian Signature**

\_\_\_\_\_ **Date**

- o A Non-Refundable **\$75 Annual Registration Fee (per student)** is **DUE** with this Enrollment Form.

**TITAN TOTS PRESCHOOL FAMILIES ONLY –**

Please indicate your future intentions so Trinity can plan and budget accordingly.

\_\_\_\_\_ YES, we plan to attend Trinity Kindergarten after preschool.

\_\_\_\_\_ MAYBE, we would like more information about Trinity (grades K-12) over the course of our preschool experience.

\_\_\_\_\_ NO, we do not plan to attend Trinity beyond preschool.

\* Please feel free to share reasons, check all that apply.

\_\_\_\_\_ We have older students attending another school.

\_\_\_\_\_ We desire not to pay tuition for education.

\_\_\_\_\_ We are unable to afford tuition.

\_\_\_\_\_ Other \_\_\_\_\_

# **NEW FAMILY SURVEY**

In order to assist us in determining the effectiveness of our efforts to make Trinity Catholic Schools better known in the community, and to better understand the reason families choose to enroll in our schools, we would appreciate it if you would complete the following survey and return it with the enrollment documents.

**Parent's First and Last Name:** \_\_\_\_\_

**Residence in Dickinson Area (Circle one)**

Less than two years    Two to five years    Five to ten years    More than 10 years    Out of state inquiry

**We became interested in Trinity Catholic Schools through (check all that apply):**

- Newspaper articles / advertisement / T.V. news
- Information received from local business (Chamber of Commerce, real estate firm, etc.)
- Trinity Website
- Facebook (Dickinson Catholic Schools - Titans)
- Parish or church contacts
- Referred by family: Family name\*: \_\_\_\_\_  
\*The family you list may be eligible for our tuition referral credit
- Other: \_\_\_\_\_

**Our primary reasons for enrolling are because (check the two (2) that best apply):**

- Catholic/Christian values-centered environment
- Academics
- Extra-curricular activities
- Having friends in Trinity Catholic Schools
- A 'safe' environment in which to learn
- Dissatisfaction with another school system
- The reputation of the professional staff
- High educational value
- Impressed with students I have seen
- Availability of tuition assistance
- Other: \_\_\_\_\_

**Our major expectations are:**

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## Trinity Request for Student Records

Date \_\_\_\_\_

1. Student Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Previous Grade \_\_\_\_\_

2. Student Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Previous Grade \_\_\_\_\_

3. Student Name \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ Previous Grade \_\_\_\_\_

Name of Previous School \_\_\_\_\_

Address \_\_\_\_\_  
Street or PO Box City State Zip

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Record Request Email \_\_\_\_\_

Release the above records to (please check below):

Trinity Elementary West (Pre-K through 4)  
Phone: (701)225-8094; Fax: (701)483-1450  
145 3<sup>rd</sup> Ave West  
Dickinson ND 58601

Trinity Elementary East (Pre-K through 4)  
Phone: (701)225-9463; Fax: (701)483-1450  
515 3<sup>rd</sup> St East  
Dickinson ND 58601

Trinity Elementary North (Grades 5 & 6)  
Phone: (701)483-6081; Fax: (701)483-1450  
810 Empire Road  
Dickinson ND 58602-1177

Trinity Jr./Sr. High School (7-12)  
Phone: (701)483-6081; Fax: (701)483-1450  
810 Empire Road  
Dickinson ND 58602-1177

**Please send the following information:**

Transcript  
Health Records  
Special Services File  
Current Grades if student left before end of term.

### **PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS**

This transfer is provided for in the Family Education Rights and Privacy Act: Federal Law 99.31 – “No parent signature required for Education Rights sent to another Education Agency”.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date