

Family's religious affiliation: _____

Place of worship: _____

Families from other Episcopal churches need to submit a letter of membership from their place of worship in order to receive admission priority consideration.

Has your child received any individual learning, psychological, speech, or hearing evaluation?

Yes _____ No _____

If yes, by whom and when? _____

We ask that you please share with us any evaluation results.

Does your child have an allergy, asthma, or chronic illness? _____

If yes, please specify _____

Are medications used for this condition? _____

We ask that the families of children with special needs consult with us about those needs prior to enrolling in order to be certain our school can adequately serve your child.

Name of family physician: _____ Telephone # _____

Why have you chosen Holy Trinity for your child? _____

Please include a check for \$75.00, a copy of your child's birth certificate, and a current photo of your child in order for this application to be considered. The fee covers the cost of processing this application. It is non-refundable and is not applied towards tuition.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Please return this application to:

Director of Admission
Holy Trinity Episcopal Day School
11902 Daisey Lane
Glenn Dale, Maryland 20769

Holy Trinity Episcopal Day School does not discriminate on the basis of race, color, creed, gender, sexual orientation, physical disability, or national origin in the administration of its educational program, admission and financial aid policies, employment practices, or other school administered programs.