TRINITY SCHOOL

Applying to Grades 10 and 11 for Fall 2013

We may not be able to determine if openings could occur in these grades until early in 2013. So that we can communicate with you during the admissions season, we ask that you:

- 1. Fill out the application form.
- 2. **Mail the completed application, along with a check payable to Trinity School** for:

---- \$60.00, or

---- \$20.00 if you are applying for financial aid

Send to: Admissions Office 5-12

Trinity School 139 West 91st Street New York NY 10024

- 3. **Arrange for testing**. Register for the Independent School Entrance Examination (ISEE) by contacting the Educational Records Bureau in Manhattan (New York NY) by phone or online. You must indicate that Trinity should receive a score report. We prefer that applicants take the test early in the fall. Applicants for Grades 10 and 11 may submit SSAT scores instead of ISEE scores.
- 4. **Plan to ask a current teacher of English, history, math, or science to fill out the reference form**. You do not need to request a reference unless we let you know that you will be interviewed and considered for admission. At the time that you make the reference request, please provide the teacher with a stamped envelope, addressed to our office (see address above). If you would like to submit additional references, feel free to make copies of the form.
- 5. **Submit the transcript release form to your current school, when you request the reference**. The form makes it possible for academic records to be sent to us. The transcript we receive should include work from the fall term, as well as work from the previous year.
- 6. **Come to Trinity for a tour and interview**. If we will have openings for which we can consider you, we will call you to schedule a visit. If we are not able to consider your application, we will let you know that, and we will return your application fee.

ALL REQUIRED APPLICATION DOCUMENTS MUST BE RECEIVED AT TRINITY BY MONDAY 14 JANUARY.



APPLICATION FOR ADMISSION TO TRINITY SCHOOL Grades 5-12

Please type or print and return as soon as possible with a non-refundable application fee:

-\$60.00, or -\$20.00 if you are applying for financial aid

Return to: Admissions Coordinator Admissions Office 5-12 Trinity School 139 West 91st Street New York NY 10024

Please staple a photo of the applicant here

GRADE FOR WHIC	H STUDEN	Γ IS APPLYING	SCHOOL YEAR			
APPLICANT INFORM	ATION:					
Legal Name:		First	Sex:			
Nickname, if any, that yo	u prefer:			Date of Birth:_		
Home Address:	<u>,</u>	Street				
٨	lumber	Street		Ар	partment	
	ity	State		Zij)	
Home Telephone:			Email of Applicant:			
			Email of Parent:_			
ACADEMIC INFORMA	ATION:					
Current School:				Current Grade:		
School Address:	Number	Street	City	State	Zin	
School Telephone:						
Name of placement offic	er, if any:					
Previous school(s) attende						

FAMILY INFORM	ATION					
Parent's full name:						
Please check the correct						
Address:				Home	/Cell Phone:	
Title, Occupation, and	Employer:					
Address:						
Parent's full name:						
Please check the correct						
Address:				Home	/Cell Phone:	
Title, Occupation, and	Employer:					
Address:						
Please check all that ap	oply:					
□ Father deceased	□ Mother deceased	□ Parents divorced	□ Parents separated	□ Father remarried	□ Mother remarried	□ Parent single
Please provide the follo	owing information	if there are additi	onal parents:			
Parent's full name:						
Address:				Home	Phone:	
Title, Occupation, and	Employer:					
Parent's full name:						
Address:				Home	Phone:	
Title, Occupation, and	Employer:					
Names of siblings and	step-siblings, thei	ages, and schools				
If the applicant is fluen	t in languages oth	er than English, plo	ease list			
If anyone in your famil	y has attended Tri	nity, please list:				
Name			Relationship		Class	S
Name			Relationship		Class	

Applicant's extracurricular interests (recreational, leisure, athletic	, artistic, etc.)
Nomes	
NOTES	
Application should be made in the fall prior to the year of entranc	e.
Parents are invited to submit a statement about their child, but <u>no</u> please tell us anything that will help the committee to know your a good match for your child, your child's interests and accomplish	child. You may wish to discuss why you think that Trinity School is
Personal letters of recommendation are not required.	
FINANCIAL AID	Please check here if you are applying for financial aid \Box
Trinity processes applications through the School and Student Ser Our Financial Aid Office will contact you about application proce	
SIGNATURE	
Your signature below affirms the completeness and accuracy of the	ne information supplied on this application.
Signature of parent or guardian	Date





Trinity School Admissions Office Grades 5-12 139 West 91st Street New York NY 10024

Fax: 212, 932, 6812 Telephone: 212. 932. 6819

PERMISSION TO RELEASE RECORDS				
Dear Parent:				
Please fill in, sign this form, and SEND IT TO YOUR CHIL report (that must include work from the <u>first term of the curren</u> <u>preceding school year)</u> is a necessary part of an application to	t school year, as well as work from the			
Name of Candidate	Applying for Grade			
I give permission to release a copy of the student record.				
	Signature of Parent			
To the School:				

Please send us an official transcript for the above named applicant. It will be used in the admissions process, and all information will be treated confidentially. We require a transcript that includes a first term report from the current school year, as well as all terms from the preceding year. A document received in early January will be of greatest value to us. Thank you for your cooperation.

> Jan Burton Director of Admissions

Trinity School admits students of any race, color, religion, and national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, religion, disability, or national or ethnic origin in administration of its educational policies, admissions policies, scholarship or loan programs, athletic or other school administered programs.

Trinity School139 West 91st Street • New York NY 10024
Telephone 212. 932. 6819 • Fax 212. 932. 6812

Teacher Recommendation for Grades 5 – 12

Apı	olicant's Name (please print)	
	First	Last
Pre	sent School	Applying For Grade
Ple	the Applicant: ase fill out the information above and give this form, along with a missions Office Grades 5-12, Trinity School, 139 West 91 st St	stamped envelope, to one of your present teachers, addressed to: reet, New York NY 10024.
Thi pro <u>of t</u>	the Teacher: s student is applying for admission to Trinity School. Your candid mise, and qualities as a person will help the Admissions Committ he first academic term. Your comments matter to us a great deal y appreciate your help.	ee make its' decision. Please return the completed form at the end
1.	Please comment on the quality of the applicant's academic work motivation, originality of approach, intellectual capabilities, matu	x. We are especially interested in your evaluation of the applicant's rity, and capacity for independent thought.
2.	What are your impressions of the applicant as a person? How is applicant interact with others?	s the applicant viewed by peers and teachers? How does the
3.	What do you consider to be this student's greatest strengths?	

	Below Average	Average	Good	Excellent	Outstanding
Academic promise	Below / Werage	Average		Excellent	Outstanding
Standard of work					
Ability to learn					
Energy and initiative					
Ability to concentrate					
Independence					
Creativity					
Leadership					
Responsibility					
Self-confidence					
Warmth of personality					
Sense of humor					
Concern for others					
Reaction to criticism					
Emotional maturity					
Good judgment					
Self-discipline					
7. Additional comments:					

4. His or her chief weaknesses?