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TRINITY
CHRISTIAN SCHOOL
A Classical and Christian Academy

For Office Use Only:
____ Birth Certificate
____ App. for EP Admission
____ \$25 Reg. Fee

Application for Admission – Extracurricular Programs

School Year: _____

Submit a completed application for admission to the school office along with the following items:

- 1.) non-refundable application fee of \$25.00 per class per child
- 2.) copy of student's birth certificate
- 3.) fees as outlined in fee schedule

Student: _____
Last First Middle Preferred Name

Address: _____
Street City State Zip

Phone: _____ Date of Birth: _____ Age: _____

e-mail address (please do not leave blank) _____

Class to be taken: _____ (If soccer: C-Team JV Varsity)

Family Information:

Father's Name: _____ Mother's Name: _____

Cell Number: _____ Cell Number: _____

Work Phone: _____ Work Phone: _____

Employer: _____ Employer: _____

Church Presently Attending: _____ Church Presently Attending: _____

Are you a member? Yes No Are you a member? Yes No

Pastor's Name: _____ Pastor's Name: _____

Address of Church: _____ Address of Church: _____