

APPLICATION PROCESS

Parents/Students: This application is for students enrolled in a charter or public elementary school or looking to transfer from another high school.

In order to be considered in the first round of admission, completed applications with supporting documentation must be submitted to Trinity by **January 31, 2024**.

An admissions decision cannot be made until ALL required information has been received and reviewed. When an application to Trinity is made, it is presumed the applicant will attend if he/she is accepted.

REQUIRED INFORMATION:

Every applicant needs to complete a shadow visit. Go to www.ths.org/admissions/visit to schedule a day.

Take a placement exam. Register online at www.ths.org/admissions/exam.

Complete the enclosed Trinity application and email it to daviesc@ths.org.

Submit the three essay questions found in section 4 to daviesc@ths.org.

Parent Questionnaire should be submitted to daviesc@ths.org.

Request <u>two</u> recommendations from current teachers. Forms are located in this application. The school official completing the form is the one who needs to submit it to daviesc@ths.org. Recommendations returned from the parent or student will not be reviewed.

Academic records need to be requested from your current school with the enclosed form.

8th Graders: We need grades for 6th through present 8th grade, standardized test scores, and any accommodation plan in place (IEP, 504, etc) including the ETR (Evaluated Team Report), if applicable.

Transfers: We need an official transcript with all grades to date including courses in progress, your standardized testing results along with tests used for graduation requirements and any accommodation plan in place (IEP, 504, etc) including the ETR (Evaluated Team Report), if applicable.

TO DO LIST SUMMARY:

□ Placement Exam completed	
☐ Shadow Visit completed	
☐ Application submitted to the Admissions Office	
☐ Essay Questions submitted to the Admissions Office	
☐ Academic Records Request submitted to your current school	
☐ Have two recommendation forms completed by current teachers or principal	
☐ Parent Questionnaire submitted to the Admissions Office	1973 High Series



	Student's Last Name	Date of Birth	Gende
Student's Home Address	City	,	Zip Code
Current School Current Grade	□ 9 □ 10 □ 11	Does your student h	
Applying for Grade □ 9	□ 10 □ 11 □ 12	□ YES □	NO
SECTION 2: FAMILY INFO	<u>ORMATION</u>		
Primary Parent/Guardian F	irst Name	Primary Parent/Guardia	nn Last Name
Primary Phone Number		Primary Email Address	
Secondary Parent/Guardian First Name		Secondary Parent/Guardian Last Nai	



SECTION 3: ADDITIONAL INFORMATION

Please list below any school, parish/church, or community activities with wh any special interests, musical instruments you play and honors or awards you last two years.	-	
	□ YES	□ NO
Is the applicant currently receiving a Cleveland Scholarship?		-
Is the applicant currently receiving a Cleveland Scholarship? Is the applicant currently receiving an EdChoice Scholarship?	□ YES	□ NO
	□ YES	□ NO
Is the applicant currently receiving an EdChoice Scholarship?		
Is the applicant currently receiving an EdChoice Scholarship? Is the applicant currently receiving an EdChoice Expansion Scholarship?	□ YES	□ NO



SECTION 4: ESSAY QUESTIONS

This section is to be completed by the applicant in their own words. Please answer the questions below on a typed separate document. *For each question the response should be 1-2 paragraphs*. Please make sure students name is on the typed responses.

- 1. Please state why you would like to attend Trinity High School? You should include information you wish the Admissions Committee to consider in the evaluation of your application.
- 2. Please describe how you intend to develop your God-given talents and abilities to make a difference at Trinity?
- 3. Please describe a person or experience which has made a significant impact on your life.

SECTION 5: ACKNOWLEDGEMENT

Date	



SECTION 5: RECORDS RELEASE FORM

Parents/Guardians: Please submit this form to your child's current school for processing. Trinity High School will not submit this on your behalf.

Student's First Name	Student's Last Name	Student's Date of Birth
Student's Home Address	City	Zip Code
Current School Name		Primary Contact Phone Number
	ized test scores, educational testing	ed above (including, but not limited to, g results and accommodations plan(s)) to
Parent/Guardian Name	Signature	Date
	email the following information to general within five business days of receive	Γrinity High School's Director of ing this request. Thank you for your assis-
☐ GRADES and RECORI	OS:	
8th graders: 6th through 8th gr	rade plus any additional reports.	
Transfers: grades for all cours reports	es completed along with credits and	grades in progress plus any additional.
□ STANDARIZED TEST	RESULTS:	
8th graders: any standardized	test scores from 7th and 8th grade.	
Transfers: all State of Ohio gra	aduation results.	
□ ACCOMMODATION P	LANS and ETR:	
All Students: any accommoda	tion plan plus the corresponding ETI	R (Evaluated Team Report), if applicable.



SECTION 6: PARENT QUESTIONNAIRE

Parents/Guardians: Please take a few moments to complete the questions below in regards to your child. This will help give the Admissions Committee a complete picture of your child.

Student's First Name	Student's Last Name	Student's Date of Birth
Is there any special attributes abknow? Anything that will help T future?	out your student or family that would be rinity understand things or to help us bet	ideal for Trinity High School to tter prepare your student for the



Note to students and p	oarents/guardians:	This form is to	be completed by	a teacher,	guidance co	ounsel or p	orincipal
ONLY! Two weeks not	tice should be the m	inimum amoun	t of time given to	your staff		_	_

Student's First Name	's First Name Student's Last Name Current School		
candid responses regarding the stu be held in the strictest confidence a this form directly to the Director o	dent's intellectual promise and capa and will not be shared with the stude f Admissions at daviesc@ths.org or	to Trinity High School. We appreciate your city for success. Be assured, your comments will nt or parents. Upon completion, please EMAIL email should you have any questions regarding X! Thank you for your time and effort in com-	
Print Your Name	Sign Your Name	Date	
Your Title at School	Your School	How long have you known the student?	
In relation to other young people y check one rating for each topic.	ou have known, how would you rate	the applicant in the following areas? Please	

	Excellent	Good	Fair	Poor
Social and Emotional Maturity				
Willingness to Serve Others				
Academic Performance				
Leadership Potential				
Class Preparation/Attentiveness				
Relationship with Peers				
Relationship with Adults				
Self-Respect				
Integrity and Honesty				
Respect for Others				
Family Support				



Please reflect on the impact co-curricular activities have had on the student's development.					
Are there any factors that could interfere with this				nere any factors that	
Has the student been disc	ciplined for any infraction	ons within the last 3 year	ars? YES NO If yes,	, please explain:	
Have any academic acco	mmodations been made	that should continue at	t Trinity to facilitate the s	student's success?	
What makes the student	unique or what unique o	contribution does the stu	udent make to your school	bl?	
	Strongly Recommend	Recommend	Recommend w/ Reservations	Do Not Recommend	
Academic Promise					
Character/Personal Promise					
Overall Recommendation					
Additional Comments:				•	



Note to students and parents/guardians:	This form is to be	completed by a teac	her, guidance counse	elor or princi-
pal ONLY! Two weeks notice should be th	e minimum amoun	t of time given to your	r staff.	-

Student's Last Name	Student's First Name			ent School
Note to Staff: The student named candid responses regarding the student be held in the strictest confidence at this form directly to the Director of this form. PLEASE <u>DO NOT GIV</u> pleting this.	dent's intellectual pro and will not be shared f Admissions at davie	mise and capacity fo with the student or p sc@ths.org or email	r success. Be assured parents. Upon comple should you have any	your comments will tion, please EMAIL questions regarding
Print Your Name	Sign Y	our Name		Date
Your Title at School	Your S	School	How long have you l	known the student?
In relation to other young people you check one rating for each topic.	ou have known, how	would you rate the a	pplicant in the follow	ing areas? Please
	E114	Card	T-:	D

	Excellent	Good	Fair	Poor
Social and Emotional Maturity				
Willingness to Serve Others				
Academic Performance				
Leadership Potential				
Class Preparation/Attentiveness				
Relationship with Peers				
Relationship with Adults				
Self-Respect				
Integrity and Honesty				
Respect for Others				
Family Support				



Please reflect on the impact co-curricular activities have had on the student's development.							
Are there any factors that have interfered with the student's past academic performance, or are there any factors that could interfere with this student's academic performance at Trinity High School?							
Has the student been disciplined for any infractions within the last 3 years? YES NO If yes, please explain:							
Have any academic accommodations been made that should continue at Trinity to facilitate the student's success?							
What makes the student unique or what unique contribution does the student make to your school?							
	Strongly Recommend	Recommend	Recommend w/ Reservations	Do Not Recommend			
Academic Promise							
Character/Personal Promise							
Overall Recommendation							
Additional Comments:							