



TRINITY ACADEMY FOR THE PERFORMING ARTS
GRADES 7-12
RI CHARTER PUBLIC SCHOOLS ENROLLMENT APPLICATION: 2019-2020

Student Information:

Name: _____ Date of Birth: ____/____/____
Last First Middle

Address: _____
Street, House/Apt # City State Zip Code

School District: _____

Current Grade: _____ (mark "N/A" if not in school) Grade Applying For: _____
7, 8, 9, 10, 11, 12

Parent/Guardian Information:

Name: _____ Phone: _____

E-Mail: _____ Relation to the Child: _____

Name: _____ Phone: _____

E-Mail: _____ Relation to the Child: _____

Additional Information:

Does the applicant have a brother or sister currently enrolled in this charter school? Yes No

If yes, name of brother/sister: _____

Does the applicant have a brother or sister applying to this school on a separate application? Yes No

If yes, name of brother/sister: _____

Is the applicant the child of a school founder, teacher, or staff member at this school? Yes No

If yes, name of founder/teacher/staff member: _____

I affirm that the information contained in this application is, to my knowledge, completely true.

Parent /Guardian Signature: _____ Date: _____

*I agree that my child's school records may be used for studies on the effectiveness of public charter schools. If the studies are publicized, only group data, not student level data, will be reported. Sensitive student information will remain confidential under state and federal law. **Note: Checking "No" will NOT affect your child's chances for admission.*** Yes No

Please complete and return this application no later than MONDAY, FEBRUARY 25th, 2019 to:

Admissions Coordinator: Zuleika Vidal

Trinity Academy for the Performing Arts, **150 Washington Street, Providence, RI, 02903**

Phone: (401) 432-7881, Fax: (401)432-7882, Email: ms.vidal@tapaprovidence.org

ATTEND OPEN HOUSE TO LEARN MORE ABOUT TAPA, WEDNESDAY FEBRUARY 6th, 2019, 5:00-7:00pm

SCHOOL USE ONLY

Date Received

By (signature)