



2315 North Cedar Street Spokane, WA 99205
509-327-9369
trinityspokane.org

2020-2021 School Year Registration Forms
New Family

Family Name _____

Mission Statement

Rooted in our Catholic Faith and enriched by our diverse community, Trinity Catholic School fosters spiritual development, academic excellence, responsibility to self, and service to others.

Student's Name	Grade for 2020-2021 School Year
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Trinity Parent or Guardian's Name _____

Checklist:

1. New Student Questionnaire
2. New Student Data Form
3. Yearly Student Data Form
4. Volunteer Commitment
5. Uniform Agreement
6. Attendance Policy
7. Internet Usage Agreement-New Families Only
8. Sycamore Family information
9. Religious & Marketing Questions
10. Turn in Immunization Records to the Office



Prospective Student Questionnaire

Thank you for your interest in Trinity Catholic School We are excited for the opportunity to meet with you and your child. Please take some time and answer the following questions.

Student's Name _____

Last

First

Parent/Guardian _____

Last

First

Contact Phone number _____

Current School or Preschool _____

How many years has this school or preschool been attended? _____

If in a school for less than two years, please give prior school(s) attended, and for how long. Please include city.

Has there been any disciplinary action taken with your student or preschooler as a result of an incident that involved his/her safety, health or welfare or the safety, health or welfare of others? Yes No

If yes, please explain:

Does this student have an IEP/504 plan? Yes No

If yes, please attach.

Has the student ever been put on probation or suspended from school, or asked to leave any preschool for disciplinary and/or academic reason? Yes No

If yes, please explain:

Has your student missed or been tardy more than 2 days per month? Yes No

If yes, please explain:

Mission Statement

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After reading the mission statement, please write a paragraph below indicating why you want your child(ren) to attend Trinity Catholic School.

I have read the Mission Statement and I agree to accept and support them as stated.

Parent(s) Signature/Guardian(s):

_____ Date _____

_____ Date _____

NEW STUDENT DATA FORM

Family Last Name(s) if different from student(s)

Student Full Name:	Grade		
Student Birth Date:			
Student Address: (Street, City/State/Zip)			
Best Family Email Address:			
Best Student Family Phone #(s):	Mom:	Dad:	Student:
Student Birth Place (City, State):			
Student Gender (M/F)			

Father's Full Name:
 Father (circle): Married Deceased Separated Divorced Remarried
 Father's Occupation: _____ Business Phone: _____

Mother's Full Name:
 Mother (circle): Married Deceased Separated Divorced Remarried
 Mother's Occupation: _____ Business Phone: _____

Legal Guardian's Full Name:
 Guardian's Occupation: _____ Guardian's Business Phone: _____

PLEASE PROVIDE A PARENTING PLAN IF ONE IS IN PLACE TO KEEP IN THE SCHOOL OFFICE FOLDER

Previous School Info:

	Month/Year	Grade	School	City	State
Entered					
Transferred					
Re-entered					
Transferred					
Graduated		High School Entered:			

Attendance:

Grade	Year	Teacher	Days Absent	Times Tardy	Grade	Year	Teacher	Days Absent	Times Tardy

Father's Religion	
Mother's Religion	

Student Sacrament Received	Date	Parish	City, State
Baptism			
Reconciliation			
Eucharist			
Confirmation			

STUDENT INFO, EMERGENCY CONTACT, AND MEDICAL INFO. (One per child).

(Print) Mom's Name: _____ Dad's Name: _____

Student Full Name:	Grade _____		
Student Birth Date:			
Best Family Email Address:			
Best Student Family Phone #(s):	Mom: _____	Dad: _____	Student: _____
Home Address:			

In an Emergency and Parent cannot be reached:

Contact #1 (Full Name, Relationship to Student, Phone #)	
Contact #2 (Full Name, Relationship to Student, Phone #)	

_____ I authorize the contacts above to assume responsibility for my children in the event of school emergency when I cannot be there.

_____ I authorize transportation for my child in case of an emergency.

_____ I authorize Trinity/Educare staff to procure surgical, medical, hospital, or dental care for my child in the event of illness or injury if I cannot be contacted to make arrangements for such treatment. It is understood by me that the expense of this service will be accepted by me.

_____ I do not authorize Trinity/Educare staff to oversee any medical treatment in my absence.

Physician: Name and Phone #	
All Immunizations Up To Date:	Yes/ No
Dentist: Name and Phone #	
Health Insurance: Company & Policy #:	

Please check any of the boxes below which describe a health problem your child has which might require attention at school. If your child has no such health problems, check "None of the above".

<input type="checkbox"/>	Blood disease (sickle cell anemia, aplastic anemia, malaria, hemophilia, etc.)	<input type="checkbox"/>	Hearing impairment requiring preferential seating or complete hearing loss
<input type="checkbox"/>	Heart problem requiring limitations	<input type="checkbox"/>	Digestive Disorder (ulcers, colitis)
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Malignancy (leukemia, sarcoma, Hodgkin's disease, etc.)
<input type="checkbox"/>	Food allergy requiring immediate attention	<input type="checkbox"/>	Insect sting allergy – severe – requiring immediate attention
<input type="checkbox"/>	Orthopedic problem requiring limitations (brittle bone disease, rheumatoid arthritis)	<input type="checkbox"/>	Neurological problem (cerebral palsy, hydrocephalus, etc.)
<input type="checkbox"/>	Respiratory problem – severe – requiring limitations (asthma, cystic fibrosis)	<input type="checkbox"/>	Seizure disorder (epilepsy, etc.)
<input type="checkbox"/>	Urinary tract disorder (nephritis, absence of kid or bladder, etc.)	<input type="checkbox"/>	Vision impairment requiring preferential seating or complete vision loss
<input type="checkbox"/> NONE OF THE ABOVE: Additional list here: health, allergies, diet:			

If any boxes are marked please provide the office with professional medical care plan with detailed instructions.

The following people are authorized to pick up my child/children from school if I am unable.

1. Name _____ relationship _____
2. Name _____ relationship _____

Volunteer Commitment

Printed last name	
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Volunteering is a long-standing tradition at Trinity Catholic School. Participation in the Volunteer Program allows all families to be involved in the life of the school. It also helps offset thousands of dollars that would otherwise come out of our budget. There will be many opportunities this year to offer either your time, talent, or financial support outside of your tuition. Please visit <https://www.trinityspokane.org/volunteer-needs/> for needs and opportunities.

Regardless of your tuition commitment, all families are required to complete 20 volunteer hours every year. As part of the 20 hour requirements, it is our expectation that every family assist with the Auction and Cow Plop

Throughout the year, email blasts will be sent via email with opportunities to help you fulfill your volunteer commitment. Further information will be discussed at your registration appointment. You may also refer to the volunteer portion of the school handbook.

Our family will volunteer 20 hours during the school year and understand hours will be tracked. Failure to volunteer will result in a \$200 fee or \$10 per hour unfulfilled.

Donating unused gift cards can count for hours other than auction, annual appeal, or Cow Plop. Gift card donations (\$10 = 1 hour). These will be used within the Trinity Community.

Signature _____ Date _____

Uniform Agreement

Effective August 2018 | School Uniform Policy

School uniforms are ordered ONLY through our school. They are designed and manufactured specifically by Elder Manufacturing for ALL Trinity Catholic School students. Our uniform package includes: pants, polo shirts, oxford shirts, cardigans, V-neck sweaters, skorts, jumpers, leggings, and Trinity jackets. **NO other uniforms will be allowed.**

<p>GIRLS: Only school-issued uniforms are allowed. School-issued uniform package: THREE pairs of pants, FOUR polo shirts, ONE long sleeve oxford, ONE short sleeve oxford, ONE skort (grades 6-8), ONE jumper (grades K-5), ONE cardigan, and TWO pairs of leggings.</p> <p>Only Trinity sweatshirts or jackets will be allowed in the classrooms, halls or church</p>	<p>BOYS: Only school-issued uniforms are allowed. School-issued uniform package: FOUR pairs of pants, FOUR polo shirts, ONE long sleeve oxford, ONE short sleeve oxford, and ONE V-neck sweater.</p> <p>Only Trinity sweatshirts or jackets will be allowed in the classrooms, halls, or church.</p>
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Clothing color clarifications:

Pants are navy blue
Polos are white or navy Blue.
Long Sleeve oxfords are white
Skorts and skirts are #92 plaid
Cardigan sweaters are navy blue
V-neck sweaters are navy blue
School jackets are royal blue
Leggings are navy.
Socks white or navy or common solids.

Consequences for uniform violation:

1st Occurrence: Phone call & letter explaining violation; Parent return signature required

2nd Occurrence: Phone call & parent requested to pick up child or bring appropriate uniform to school

3rd Occurrence: Meeting with administrator

More details:

Hats are not to be worn in the building. Students may not wear sandals, flip flops or large clunky indoor boots or shoes. Only natural hair colors are allowed, including streaks. Navy or White hair accessories only. No tattoos are allowed. Only piercings of the ears are allowed (no gauges). Trinity students who belong to Camp Fire, Scouts, or other similar youth groups may wear the group's uniform on meeting days. Modest, neat (free from holes) clothing may be worn on "free dress" days.

I will follow the above dress code.

Student 1 Signature: _____ Date: _____

Student 2 Signature: _____ Date: _____

Student 3 Signature: _____ Date: _____

Student 4 Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Attendance Policy

Print Family Name:	
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Regular attendance is required of all students to support the academic climate of the school. The interaction and personal relationships between students and teachers and between students and peers are aspects of education that cannot be made up once they are missed. Therefore, it is important to emphasize prompt class attendance and that only serious circumstances should be cause for absence. It is the student's responsibility to promptly make up all work missed due to absence. Please check Sycamore. Students are encouraged to contact their teachers using school email to access missed assigned work. Numerous absences may adversely affect a student's grade in a given class and the student's ability to participate in co-curricular activities. Excessive absences may also result in an automatic letter grade reduction. Family vacations should coincide with school holidays. Please consult the school calendar before making any/all medical appointments. Students will not be given early dismissal on these days. Not supporting Trinity's attendance policy places their student's standing at Trinity Catholic School in jeopardy.

Excused Tardies /Absences

- If a child is late or absent from school, the parent/guardian is asked to phone the school (509-327-9369) prior to 8:45 A.M. on the day of the absence or late arrival. The parent must sign in the student at the office attendance desk if he/she is late for school. A parent/guardian may leave a message on the school's answering machine. Text messages will not be allowed to excuse your student. The validity of the reason given for the student's absence is left to the judgment of the administration.
- The school will generally not excuse for reasons relating to traffic, transportation problems, oversleeping, running late, or weather.
- A student's parent/guardian may excuse up to 5 tardies per semester for car trouble, traffic, weather, etc. Once a student has 5 tardies, a mandatory meeting with the parent, student and administration to discuss a plan for improvement will occur. Any additional tardies will be unexcused unless a student has a medical appointment and brings a note from his/her doctor upon coming to school. Academic consequences may also occur

Vacations

- Parents and students especially need to understand that any choice to extend vacation times or take vacations during the school year, will bring about serious issues regarding attendance. Students and parents who choose to extend vacation periods could be jeopardizing the student's grade because of absenteeism and should seriously consider those choices ahead of time. Trinity Catholic School will not accept responsibility for providing special assignments and examinations for students not in attendance because of family vacations.

Appointments/ Leaving Campus

- Parents/Guardians should avoid scheduling appointments during school hours. When such an appointment is made, the school office must be notified by phone or note **prior** to the student's appointment. For physician's appointments a student must bring a physician's note upon returning to school.

Accumulated Absences

- A letter will be sent home after 5 absences per quarter (excused or unexcused) requesting a written explanation of absences and plan for improvement. There will also be a mandatory meeting with the parent/guardian, student, and administrator to discuss a plan for improvement. Special consideration will be given to medical-related absences; as always, all attendance scenarios will be reviewed on a case-by-case basis.

Unexcused Tardies/Absences

- All students who arrive late to school must be signed in by their parent/guardian at the school office prior to being admitted to class.

Athletic and Activity Rules and Attendance

- A student is ineligible for any game, practice or activity if he or she is absent from one or more class periods on a given day. Exceptions will be granted for appropriately pre-arranged situations e.g., medical appointments or funerals, with a call or note received prior to the day in question.

I understand and will follow the above criteria. **Parent Signature:** _____ **Date:** _____

Internet Usage Agreement Form

Family first and last name:	
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I, _____, understand that my Chromebook at Trinity Catholic School will be used as a tool and not a toy. I agree to the following:

- I promise to only visit teacher approved sites
- I will not change Chromebook settings unless directed by a teacher
- I will not damage my Chromebook
- I promise to never use my Chromebook to bully others.
- I promise to use my Chromebook and internet for schoolwork only.
- I promise to obey the copyright laws, and not take credit for other’s work
- I promise to promptly tell an adult if I see or read something that is inappropriate, dangerous, threatening, or makes me feel uncomfortable

Consequences:

- 1st offense – warning, parent notified through Sycamore.
- 2nd offense - lose Chromebook privileges for one day, and parent notified through Sycamore.
- 3rd offense - lose Chromebook privileges for one week; parents are notified through Sycamore.
- 4th offense - will lose their Chromebook privileges for a length of time determined by the administration; meeting with student, guardian, teacher, and administrator

Student signature _____ Grade _____

Parent/Guardian signature _____

Date _____

Sycamore School Information System

Sycamore is an integrated school system used to communicate with parents, guardians, and students in the following ways:

1. Grades
2. Attendance
3. Email communication/Pass-a-note
4. Signing up for conferences
5. School Directory
6. Discipline notices
7. Volunteer opportunities and tracking hours

You may list two families to receive information.

Family One:

(Print) Last Name _____ (Print) First Name _____

Email _____ Cell Phone _____

Family Two:

(Print) Last Name _____ (Print) First Name _____

Email _____ Cell Phone _____

Religious Information:

Family first and last name:	
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Family Registered Catholic at (circle): St. Anthony, St. Joseph, or other church (name of parish). _____

I am not Catholic, but am interested in being contacted by St. Anthony or St. Joseph's Parishes? (Circle) Y/N

I attend a non-Catholic Church _____ (name of church).

Marketing Permission:

Trinity Catholic School may use your child's image for school related publications. These include, but are not limited to: website, videos, Facebook, Instagram, and mailings. If you don't want your child(s) image used please, contact the office to be put on our non-publication list.

Telephone / Cell Phones / Other Electronic Devices

Cell phones, IPODS, etc. are not to be seen or heard during the school day and until students are in their vehicle and/or off school property. Cell phones or other electronic devices may be kept for a period of time in the school office if necessary.

Parent(s) Signature/Guardian(s):

_____ Date _____