

Trafton Academy

Educating Minds, Building Character for Life

P.O. Box 35321 • Houston, TX 77235-5321 • (713) 723-5888 • fax (713) 723-1844 • trafton.org

Kindergarten Application for Admission

STUDENT'S INFORMATION

Student's Full Name: _____

Male Female Date of Birth: _____ Home Telephone: _____

Home Address: _____

Student Lives With: Mother Father Both Guardian Step Parent Other

Religious Affiliation (optional): _____

FATHER'S INFORMATION

Father's Full Name: _____

Home Address: _____

Home Telephone: _____ Business: _____ Cell: _____

Father's Employer: _____ E-mail: _____

Business Address: _____

Occupation: _____ Religious Affiliation (optional): _____

MOTHER'S INFORMATION

Mother's Full Name: _____

Home Address: _____

Home Telephone: _____ Business: _____ Cell: _____

Mother's Employer: _____ E-mail: _____

Business Address: _____

Occupation: _____ Religious Affiliation (optional): _____

SCHOLASTIC INFORMATION

Applicant's Current School (if any): _____ Years Attended: _____

Applicant's Previous School (if any): _____ Years Attended: _____

Has your child ever been suspended or asked to leave any school? Yes No

If yes, please explain: _____

Has your child ever been diagnosed with a learning difference? Yes No

If yes, please explain: _____

Has your child tested in a GT or Honors program at his/her school? Yes No

If yes, how many years has he/she participated in the program: _____

MEDICAL INFORMATION

Is your child now or has he/she ever been under the care of a psychologist or psychiatrist? Yes No

If yes, please explain: _____

Has your child been diagnosed as hyperactive and/or attention deficit? Yes No

If yes, please explain: _____

Is your child now taking any form of medication on a regular basis? Yes No

If yes, please explain: _____

PARENTAL QUESTIONNAIRE

1. As a parent, would you be supportive of Trafton's rules and regulations? Yes No

2. Would you be supportive of our dress and hair code? Yes No

3. Briefly describe your child. (interests and activities) _____

4. What activities does your child enjoy? _____
What activities does your child avoid? _____
5. Please indicate the number of days and hours per day of the program in which your child is currently enrolled. _____
6. What group interactions does your child have? Does he/she have the opportunity to play with other children? _____

7. If there is any additional information about your child that you feel would help us in our admissions process, please explain: _____

8. In your opinion, what is one of the most important attributes a school should have and why? _____

9. How did you hear about Trafton? _____

ADMISSIONS INFORMATION AND CHECKLIST

- Parents of prospective students are invited to visit and tour the school by appointment. Please call the admissions office to schedule a tour. The phone number is (713) 723-5888.
- Please include the following with your application:
 - * A copy of the applicant's birth certificate
 - * An application fee of \$75
 - * Please attach a recent photograph of the applicant to the front of the application.
- To complete the application process, please make an appointment for you and your child to meet with our Admissions office.
- If you have any questions, please contact:

Yvonne Cosgrove
Admissions Director
Trafton Academy
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