



TRINITY CLASSICAL ACADEMY

Date _____

Student _____

DOB _____

School _____

The above named student is applying for admissions at Trinity Classical Academy. Their parent/guardian signature below authorizes your school to release all academic, immunization, and disciplinary records.

Please forward all records to me by mail at Trinity Classical Academy, 111 Waring Street, Summerville, SC 29483 or electronically to ckabine@tcasummerville.com

Sincerely,

Claire Kabine
Head of Schools
Trinity Classical Academy
www.tcasummerville.com

I, _____,

hereby request all records pertaining to my child named below,

_____ including grades, disciplinary records, immunization records and standardized test scores, be released to Trinity Classical Academy.

Parent Signature

Date