



Application Process

Triad's academic admissions process attempts to ensure that Triad will be a good fit for your family and your child. In addition, we want to make sure that you receive all of the necessary information you will need to make a good decision in regards to your child's education.

Families seeking to enroll their student will need to complete the below forms:

All Families/Students:

- Read Triad Policy Manual (<http://www.triadschool.com/POLICY MANUAL>)
- Sign the Parent-School Agreement
- Complete and sign the Application
- Return completed forms (see below for appropriate forms) and the non-refundable \$25 New Student Application Fee to the Triad School Office. *(Checks should be payable to Triad School)*

Additional forms:

- Have Academic Recommendation completed and signed (Grades 1-12)
- Have Personal Recommendation completed and signed (Grades 1-12)
- Test scores and transcripts, or report card (Grades 1-12)*
*Per Triad Policy, to be admitted to Triad School, 7th-12th grade students must have test scores in the 50th percentile or above or have a minimum of a 3.0 grade average from their previous school(s.) Students may not be interviewed until received.
- Have potential student complete and sign Student Application (Grades 6 – 12)

After submission of your completed application, here are the Next Steps:

1. A family interview with both student and parents/guardians will be scheduled with the School Pastor and Lead Teachers. The interview is an opportunity to get to know one another and to determine if there is a good match between the school, the student, and the family.
2. Additional interviews or meetings may be scheduled as needed.
3. A letter will be sent to the address on record notifying the family of their admittance status immediately following the decision of the Admissions Review Committee.

Please call the School Office with any additional questions at 541-885-7940.



Office Use Only

Date of Acceptance: _____

First Date of Attendance: _____

Application

Please print legibly in ink.

Student's Name: _____
(Last Name) (First) (Full Middle)

Student's Current Age: _____ Student's Grade Entering: _____

Street Address: _____

City, State and Zip Code: _____

Mailing Address (if different): _____

City, State and Zip Code: _____

Student's Social Security Number: _____ Birth Date: _____

Last School Attended: _____

School's Mailing Address: _____

School's Phone Number: _____

Why do you desire to have your child at Triad School?

How did you hear about Triad?

Another Triad Family (Please provide their name _____)

Word of Mouth Radio Newspaper Other _____

Name(s) and grade(s) of other family members attending Triad:

Church your family attends, if any:

Information that would be helpful to the teachers and administrators:

Has special testing/evaluation been suggested for your child? Yes No .

If yes, please provide reasons given for suggested testing/evaluation?

Has your child been evaluated or tested? Yes No

If yes, please submit copies of the testing results along with your completed application.

Family and Guardian Information

Student lives with:

Father and Mother Father Mother Other (Relationship _____)

Father's/Guardian's Name: _____

Street Address: _____

City, State and Zip Code: _____

Mailing Address (*if different*): _____

City, State and Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Occupation _____

Skills, interests, hobbies, or talents you might share with the school:

Mother's/Guardian's Name: _____

Street Address: _____

City, State and Zip Code: _____

Mailing Address (*if different*): _____

City, State and Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Occupation _____

Skills, interests, hobbies, or talents you might share with the school:

Other Guardian Name: _____

Street Address: _____

City, State and Zip Code: _____

Mailing Address (*if different*): _____

City, State and Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Occupation _____

Skills, interests, hobbies, or talents you might share with the school:

Maternal Grandparents Information

Name _____

Address: _____

City, State *Zip Code***Paternal Grandparents Information**

Name _____

Address: _____

City, State *Zip Code*

Authorization and Release

I give permission for:

1. My name, address, telephone number, and email to be published in the Triad directory and in Sycamore. Yes No

2. My child to be included in the school yearbook, class pictures, and other school photos that may appear on social media or in the newspaper. Yes No

3. Our grandparents to be included in school mailings. Yes No

4. My child _____ to be taken on field trips or excursions by bus, van, or private motor vehicle, as well as on neighborhood walking excursions under required supervision. Yes No

Parent/Guardian Signature: _____ Date: _____

STUDENT APPLICATION (GRADES 6-12)

NAME OF APPLICANT _____

GRADE APPLYING FOR _____ PHONE# _____

1. Is it your personal desire to attend Triad?

2. What goals do you hope to achieve if accepted at Triad?

3. Do you have friends or acquaintances currently attending Triad? _____ Who?

4. Have you had any difficulties with students or teachers in previous schools?

Explain: _____

5. Do you plan to further your education after graduation from high school? _____

6. Do you have a chosen career field in mind? _____

If yes, what? _____

7. Give the number of years you have participated in any of the following:

| | |
|----------------|---------------------------|
| Sports _____ | Which sports? _____ |
| Band _____ | Instrument? _____ |
| Voice _____ | Type of experience? _____ |
| Computer _____ | Experience? _____ |
| Drama _____ | Experience? _____ |

8. Would you like to participate in any of these programs while at Triad?

| | |
|--------------|----------------------|
| Sports _____ | Which sports? _____ |
| Band _____ | Instrument? _____ |
| Voice _____ | Type of group? _____ |
| Clubs _____ | Which clubs? _____ |

9. Have you received any special honors or awards?

10. Have you participated in special sports or music programs? _____

Explain. _____

11. If you could design the perfect school, what features, classes, activities and programs would you include?

12. What are your favorite subjects or classes in school?

13. What are your least favorite subjects or classes in school?

14. What hobbies and/ or activities do you enjoy outside of school?

15. Are you currently employed? _____

Where? _____

16. Are you active in a local church? _____

Where? _____

17. What do you think are two of your strengths?

1.) _____

2.) _____

18. What do you think are two of your weaknesses?

1.) _____

2.) _____

19. Have you ever used mind altering substances such as alcohol or drugs (other than prescribed by a physician)? _____ If yes, when was the last time:

20. Please use the space below to tell us what you believe regarding Jesus Christ?

CONFIDENTIAL RECOMMENDATION FORM: GRADES 1-12
ACADEMIC RECOMMENDATION

Name of Applicant _____ GRADE _____

My son/daughter is applying for admission to the Triad School. I would appreciate your completing this form and returning it directly to the Director of Admissions at Triad. I hereby authorize the release of my child's records and evaluative data to the Triad School.

Date _____ Parent Signature _____

Name of Teacher _____

Name of School _____

Subject area or grade taught _____

In what capacity and for how long have you known the applicant?

Please check the area for each category which, in your opinion best describes the applicant:

| | Strongly Agree | Agree | Unsure/Neutral | Disagree | Strongly Disagree |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Motivated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Concerned for others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Influences others for good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A leader | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respects authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepted by peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discerning in behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-disciplined | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Cooperative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How well do you know the applicant?

Close personal relationship Fairly Well Casually By name only

Name of Applicant _____ GRADE _____

Please describe the applicant's strengths.

Has the applicant had any disciplinary or social problems? If yes, please comment:

How could Triad aid this individual in his/her personal development?

Please add any additional recommendations or comments.

Your recommendation of this applicant to Triad:

Highly recommend Recommend Recommend with reservations

Do not recommend

PERSONAL INFORMATION

Your Name _____

Address _____

City _____

State _____ Zip Code _____

Email _____

Phone Number _____

Signature _____ Date _____

Please mail or fax this form to:

Triad School
2450 Summers Lane
Klamath Falls, OR 97603

Triad Fax # (541) 885-7945

PERSONAL RECOMMENDATION (Grades 1-12)
(Pastor or Adult Friend)

Name of Applicant _____ GRADE _____

My son/daughter is applying for admission to the Triad School. I would appreciate your completing this form and returning it directly to the Director of Admissions at Triad. I hereby authorize the release of my child's records and evaluative data to the Triad School.

Date _____ Parent Signature _____

Name of Pastor/Friend (please circle one) _____

Name of Church _____

In what capacity and for how long have you known the applicant?

Please check the area for each category, which, in your opinion best describes the applicant:

| | Strongly Agree | Agree | Unsure/Neutral | Disagree | Strongly Disagree |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Motivated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Influences others for good | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A leader | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respects authority | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Accepted by peers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Discerning in behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| Cooperative | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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Your recommendation of this applicant to Triad:

Highly recommend Recommend Recommend with reservations

Do not recommend

PERSONAL INFORMATION

Your Name _____

Address _____

City _____

State _____ Zip Code _____

Email _____

Phone Number _____

Signature _____ Date _____

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2450 Summers Lane
Klamath Falls, OR 97603

Triad Fax # (541) 885-7945