



Elementary (Grades 1-5) Application Process

Triad's academic elementary (grades 1-5) 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 in elementary (grades 1-5) should follow the steps outlined below:

- Read Triad's Student Handbook and sign the Parent-School Agreement
- Complete and sign the Application
- Return completed forms and the non-refundable \$25 New Student Application Fee to the Triad School Office. *(Checks should be payable to Triad School)*

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

1. A family interview will be scheduled with either the Headmaster or the Vice Principal. Both student and parents/guardians should attend. 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 phone call will be placed notifying the family of their admittance status immediately following the decision of the Admissions Review Committee. Additionally, a letter of status will be sent to the address on record.

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



Office Use Only

Date of Acceptance: _____

First Date of Attendance: _____

Elementary (Grades 1-5) 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: _____

Birthplace: _____

Last School Attended: _____

Mailing Address/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 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, and telephone number and email to be published in the Triad directory and on Information Direct. Yes No
2. My child to be included in the school yearbook, class pictures, and other school photos. 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: _____

Parent-School Agreement

To maintain harmony with the home and Triad School, parents are asked to:

1. Support the school with your prayers and volunteer services.
2. Pay your tuition and fees on time and abide by the Tuition, Fee and Payment Policy.
3. Support Triad's mission, values, goals, statement of faith, rules and policies outlined in the handbook, understanding that while you may not always agree with these rules or policies, your support is still necessary. We must have your heart-felt support if we are to have an effective learning environment for your child.
4. Support Triad in all matters of discipline involving your student. Grounds for dismissal are outlined in the disciplinary definitions located in our handbook.
5. Contact the person most immediately involved when you have questions involving discipline, policies or procedures.

I have read and understand the Parent-School Agreement and the policies stated in the Triad Handbook. I hereby agree to abide by the Parent-School Agreement and the policies and rules stated in the Triad Handbook and will support Triad staff and administration in carrying out these rules and policies.

I further understand that after my student's third week of class there is no refund of tuition or forgiveness of the remaining annual balance of tuition for the academic year without School Board approval. For all intents and purposes a "seat" has been purchased for the entire academic year.

Additionally, I represent the information contained in this application is true, correct, and complete and further acknowledge and agree that any false statements or misrepresentations about my student may be grounds for rejection of application or dismissal of my student from Triad's student body.

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

CONFIDENTIAL RECOMMENDATION FORM: GRADES 1-5
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:

The Triad School
2450 Summers Lane
Klamath Falls, OR 97603

Triad Fax # (541) 885-7945

**PERSONAL RECOMMENDATION
(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 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:

The Triad School
2450 Summers Lane
Klamath Falls, OR 97603

Triad Fax # (541) 885-7945

