

Application Form

Family's religious affiliation: _____

Place of worship: _____

Families from other Episcopal churches must submit a letter of membership from their place of worship in order to receive priority consideration in the admissions process.

Has your child been recommended for individual learning, psychological, speech, or hearing evaluation?
() Yes () No If yes, by whom and when? _____

Has your child received any individual learning, psychological, speech, or hearing evaluation?
() Yes () No If yes, by whom and when? _____

We ask that you please share with us any evaluation results.

Does your child have allergies, asthma, or chronic illness? () Yes () No
If yes, please specify: _____

Are medications needed for this condition? () Yes () No
If yes, please specify: _____

We ask that the families of children with special needs consult with us prior to applying to be certain that our school can adequately serve your child.

Name of family physician: _____ Telephone: _____

Why have you chosen Holy Trinity for your child? _____

Please include a check for \$75.00, a copy of your child's birth certificate, and a current photo of your child with the completed application. The non-refundable fee covers the cost of processing this application and is not applied toward tuition.

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Please return this application to:

Director of Admissions
Holy Trinity Episcopal Day School
13106 Annapolis Road
Bowie, Maryland 20720

Lower School Campus
13106 Annapolis Rd. · Bowie, MD 20720
(301) 262-5355 f: (301) 262-9609

For more information, contact admissions@htrinity.org

Holy Trinity Episcopal Day School does not discriminate on the basis of race, color, creed, gender, sexual orientation, physical ability, or national origin in the administration of its educational programs, admissions and financial aid policies, employment practices, or other school-administered programs.

Preschool/Kindergarten & Middle School Campus
11902 Daisy Ln. · Glenn Dale, MD 20769
(301) 464-3215 f: (301) 464-9725