2025–2026 TRION CITY SCHOOLS
STUDENT APPLICATION FOR ENROLLMENT

The Trion City School System includes PreK-5 (Elementary School), grades 6-8 (Middle School), and grades 9-12 (High School). There is a rich tradition of academic excellence throughout the school system as evidenced by many academic awards and accolades. We appreciate your interest in applying for admission at Trion City Schools for the 2025-2026 school year.

The following application is to be completed and signed by the primary custodial parent/guardian of the student. Applications are submitted and evaluated annually, whether the student is an existing student of Trion City Schools or a new applicant. **Please *initial* in the appropriate spaces to indicate your understanding of the policies of Trion City Schools.** Acceptance and continued enrollment of students living outside Trion City School district are based on each of the following criteria:
(Initial here)

_____ Availability within the grade level in which the student has applied
_____ Academic Achievement, including course grades and local & state assessments
_____ Attendance Record, including absences and tardies
_____ Discipline Record
_____ Parental/Guardian Support and Cooperation

Tuition:
There is a $200.00 tuition fee per child if he/she resides outside the Trion City limits attendance area. The maximum tuition fee per family is $450.00. **This fee is due by March 26, 2025.** If a payment plan is needed, contact must be made with the office of your child's school. The custodial parent/legal guardian is responsible for paying the fee before the student may enter school. Admission does not mean permanent or on-going acceptance into the Trion City School system.

Residency:
- Residency is determined by the residence of the custodial parent/legal guardian. Custodial parent is defined as the parent who has been given legal primary guardianship by the court.
- Any resident student may be asked to supply proof of residency at any time. School officials may also visit the residence for verification at any time.
- Any custodial parent or legal guardian who knowingly and willingly falsifies an application shall cause the student to be dropped immediately from the school roll.
- It is the responsibility of the custodial parent/legal guardian to notify the school when there is a change in residency. If city residency should change during the summer months, a non-resident fee is due. If non-resident status should change to city resident status during the summer months, a refund is due for any amount already paid, and proof of residency must be submitted. Please refer to board policy JBCB regarding all other refunds and/or tuition payments.

_____ I am exempt from tuition due to living inside the city limits of Trion. I have enclosed a CURRENT UTILITY BILL (**Gas** or **Water - GA Power NOT accepted**) in the custodial parent's name, and I understand that an updated utility bill will be requested at the beginning of the 2025-2026 school year, along with an application update. Check the appropriate space to indicate the form of residency proof.

_____GAS (Town of Trion)   **_____**WATER(Town of Trion)

_____ Indicate if payment plan is needed (Must contact school office)
Balance must be paid in full by June 18, 2025. _____

STUDENT NAME:_____

           (LAST)   **(FIRST)**   **(MIDDLE)**

DATE: _____   **GRADE APPLYING FOR: _____**

PARENT/GUARDIAN'S SIGNATURE(S): _____
_____

(For Office Use Only)

Tuition Paid in Full Date: _____ Cash:_____ Check Number:_____ Online:_____

Payment Dates and Amounts: _____

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PLEASE READ CAREFULLY. IT IS MANDATORY THAT ALL INFORMATION IS COMPLETED AND THE FORM IS SIGNED BY THE CUSTODIAL PARENT/GUARDIAN.

Current School: _____ **Grade Applying For:** _____ **Homeroom Teacher:**_____

Student Legal Name: _____

(LAST)   (FIRST)   (MIDDLE)

Preferred Name:_____ **Gender (M/F):** _____ **Social Security Number:**_____

Date of Birth: _____ **Place of Birth:** _____

MONTH/DAY/YEAR   CITY, STATE OR COUNTRY

If Born Outside of U.S. Date of Entry into U.S. School: _____

Language Background:
     In which language would you prefer to receive all school information? _____

     Has student received ESOL instruction before? _____
     If yes, School System: _____ **School** _____

Ethnicity: Hispanic/Latino Origin? _____Yes _____No

Race: (Indicate one or more of the following. Check all that Apply.)
_____ **Black or African American** _____**White** _____ **Asian** _____ **American Indian or Alaska Native**
_____ **Native Hawaiian or Other Pacific Islander**

STUDENT LIVES WITH (CIRCLE THE ONE THAT APPLIES)
*If someone other than the biological mother or father has custody, please provide proof of guardianship

Biological Mother/Father   **Biological Mother**   **Biological Father**   **Biological Grandparent(s)**

Biological Mother/Stepfather   **Biological Father/Stepmother**   ***Guardian/Other**

STUDENT INFORMATION

Physical Address:_____
     (Not a Post Office Box)   (City)   (State)   (Zip Code)

Mailing Address:_____
     (City)   (State)   (Zip Code)

City/County of Residence: **Trion City**   **Chattooga County**   **Walker County**

     Floyd County   **Other:** _____

Student Cell Phone:_____ **Personal Email:**_____

PARENT(S)/GUARDIAN(S) INFORMATION

Is any Parent(s)/Guardian(s) on ACTIVE duty in the U.S. Armed Forces, including National Guard?
     _____Yes _____No
Is any Parent(s)/Guardian(s) a member of the military RESERVES in the US Armed Forces, including National Guard? _____Yes _____No

PRIMARY CONTACT:

Name: _____ **Relationship:** _____
     (First)   (Last)
Address:_____
     (Street Address – Not a Post Office Box)   (City)   (State)   (Zip Code)

Phone Land Line: _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

Employer: _____ **Work Department/Shift:** _____

Student Name: _____ _____ _____
                                    (LAST)   **(FIRST)**   **(MIDDLE)**

<u>SECONDARY CONTACT:</u>

Name: _____ **Relationship:** _____
        (First)   (Last)

Address:_____
      (Street Address – Not a Post Office Box)   (City)   (State)   (Zip Code)

Phone Land Line: _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

Employer: _____ **Work Department/Shift:** _____

<u>EMERGENCY CONTACT (in case PRIMARY or SECONDARY cannot be reached):</u>

Name: _____ **Relationship:** _____
        (First)   (Last)

Address:_____
      (Street Address – Not a Post Office Box)   (City)   (State)   (Zip Code)

Phone Land Line: _____ **Cell Phone:** _____

Email Address: _____ **Work Phone:** _____

Employer: _____ **Work Department/Shift:** _____

<u>SIBLING INFORMATION</u>

Name: _____ Age: _____ Home/School Attending: _____

Name: _____ Age: _____ Home/School Attending: _____

Name: _____ Age: _____ Home/School Attending: _____

Name: _____ Age: _____ Home/School Attending: _____

Name: _____ Age: _____ Home/School Attending: _____

<u>MEDICAL INFORMATION</u>

Doctor's Name: _____ **Phone Number:** _____

Dentist's Name: _____ **Phone Number:** _____

Medical History/Conditions (Check all that apply):
Vision Aid_____ Hearing Aid_____ Diabetes_____ Asthma_____ Heart Disease_____ Seizures_____

Insect Allergy (Specify)_____ Food Allergy (Specify)_____

Other (Please specify):_____

Medications Taken on a Regular Basis:
Name of Medication: _____ Dosage: _____ Purpose: _____

Name of Medication: _____ Dosage: _____ Purpose: _____

Name of Medication: _____ Dosage: _____ Purpose: _____

Special Instructions or Explanation:

_____

_____

Please contact the school immediately should further explanation
and/or clarification be necessary for the safety of your child.

Student Name: _____ _____ _____
                                   (LAST)   **(FIRST)**   **(MIDDLE)**

PERMISSION TO PICK-UP AND/OR CHECK OUT OF SCHOOL
Primary/Secondary/Emergency contacts will be contacted first unless otherwise noted.

**Only individuals listed on this form will be allowed to pick up or check out your child from school.
Any changes must be made in person by the custodial parent/guardian at the school office.**

NAME	RELATIONSHIP	PHONE NUMBER
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

FOR NEW APPLICANTS ONLY

Last School Attended:_____ **School Phone:**_____

School Address: _____

Has the student previously attended/enrolled in a Georgia Public School?
Yes _____ **No**_____

List all schools attended: _____

_____

                      _____

                      _____

Has student ever received any services such as Special Education, Gifted, Remedial/EIP, ESOL, etc? If yes, explain:_____

IMPORTANT NOTICE FOR ALL PARENTS AND/OR GUARDIANS
All parents/guardians must complete and sign this application. Your signature assures Trion City Schools that all information is accurate. Your signature also signifies an understanding that should any of the information supplied to the school system change, the school will be contacted immediately.

PARENT/GUARDIAN SIGNATURE(S):_____

DATE:_____