



Trinity Academy

AT CONCORDIA UNIVERSITY

800 N. Columbia Ave. • Seward, NE • 68434 • trinityacademycune.org • trinityacademy@cune.edu

APPLICATION FOR ADMISSION

2024-2025 SCHOOL YEAR

2024/2025 TUITION: \$3600

PLEASE INCLUDE THE FOLLOWING ITEMS WITH YOUR APPLICATION:

- copy of most recent transcript / grade card
- completed church affiliation form
- \$50 application fee
(cash or check made payable to *Concordia University* with *Trinity Academy* in the memo line)

APPLICANT INFORMATION:

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ Male Female

Address _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

Previous / Current School (2023/2024) _____

Baptized: Yes No Date of Baptism _____

Church _____

PARENT / GUARDIAN INFORMATION:

Parent / Guardian #1 Relationship to Applicant: _____

Last Name _____ First Name _____ Middle Initial _____

Address (if different from above) _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

Occupation _____ Employer _____

Work Phone _____ Email Address _____

Church _____

Parent / Guardian #2 Relationship to Applicant: _____

Last Name _____ First Name _____ Middle Initial _____

Address (if different from above) _____

City _____ State _____ Zipcode _____

Home Phone _____ Cell Phone _____

Occupation _____ Employer _____

Work Phone _____ Email Address _____

Church _____

FAMILY INFORMATION:

With whom does the applicant live? both parents mother father guardian

Parents are: married separated divorced widowed not married

Please list names and ages of other children in the family:

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

Name _____ Age _____ Grade _____ School _____

ADDITIONAL INFORMATION:

Has your child been referred for psychological or educational testing? No Yes
If yes, describe briefly: (or, check here if you prefer to arrange a meeting to discuss:)

Will your child require special educational accommodations? No Yes
If yes, describe briefly: (or, check here if you prefer to arrange a meeting to discuss:)

Please describe any other special needs of your child. (academic, medical, personal, etc.)
(or, check here if you prefer to arrange a meeting to discuss:)

What are some of your child's strengths and interests?

Why do you desire a Christian education for your child?

PARENT SIGNATURE

Name _____ Date _____

I understand that Trinity Academy at Concordia University is in accordance with NE Rule 13 which delineates "Regulations and procedures for exempting schools for which parents elect not to meet legal requirements for school approval and accreditation."

Completed application and materials can be mailed to: Concordia University attn. Dr. Gabriel Haley
800 N. Columbia Ave.
Seward, NE 68434

OFFICE USE ONLY: Date Received: _____



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CHURCH AFFILIATION FORM

Name of student(s) _____

Name of parents _____

Trinity Academy at Concordia University confesses and incorporates a commitment to the Gospel of our Lord Jesus Christ in all aspects of its educational mission as it is taught in the inspired sacred Scriptures and explicated in the confessional writings of the Evangelical Lutheran Church. We work in partnership with Christian families who share the belief that (1) faith in Jesus Christ and his finished work is required for the forgiveness of sins and that (2) the Bible is God's inspired, inerrant, and authoritative Word.

Parents, please affirm the following with your initials:

_____ I/We regularly attend _____ church
at _____ (address).

Our pastor is _____ .

_____ I/We understand that TAC is a Lutheran (LCMS) school that supports and upholds the confessional writings of the Evangelical Lutheran Church.

_____ I/We agree to address issues, concerns, and conflicts Biblically—one example being the model given in Matthew 18:15-18.

For your pastor to complete (below).

Pastor, please affirm the following with your initials:

_____ I believe and teach that the only way a person may be reconciled to God is by faith in Jesus Christ for the forgiveness of sins.

_____ I believe and teach that the Bible is God's inspired, inerrant, and authoritative Word.

_____ I acknowledge the above applicant family to be regular attendees and in good standing at the church where I serve as pastor.

Pastor Signature _____ Printed Name _____

Position in Church _____ Name of Church _____

Date _____