



**Trent InternationaE School**  
Established 1993



## **UPPER SCHOOL APPLICATION**

\_\_\_\_\_  
*Testing date*

\_\_\_\_\_  
*Name of Student*

\_\_\_\_\_  
*Grade for 2017-2018*

\_\_\_\_\_  
*Date of Application*

### **For School Official ONLY**

Date of Admission: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_



# **Trent Internationale School**

*Established 1993*



## **Admission's Procedure:**

- Contact the office of admissions to set up an appointment for a tour.
  - [admissions@trentinternationale.com](mailto:admissions@trentinternationale.com)
  - Phone: (281) 980-5800
  - Fax: (281) 980-6106
- Fill out the visitor information form.
- Make an appointment for assessment.

## **Assessment Procedure for 9th -12th Grade**

- Testing and orientation begins at 8:00 am and ends at approximately 3:00 pm.
- All students applying to Trent must be evaluated in Math and English. Testing takes place during the school day Monday-Friday and gives us perspective as to where the student is within our curriculum.
- An official school transcript and a wallet sized photograph of the applicant must be submitted before admittance.
- If the test is administered at Trent Internationale School, the testing fee is \$150.00 and is paid at the Site.
- Please bring cash, check, or money order for \$150.00 payable to Trent Internationale School prior to testing.
- Future students hoping to enroll are able to spend the day as a Trent Student after testing.
- Once the assessment has been completed and all required forms are returned to the school,
  - Parents will be notified via letter or a phone call with the Board of Director's decision.
  - Parents may be requested to come in for an interview during this process.
  - The student should be appropriately dressed.
  - No open-toed shoes or sandals will be permitted.
- **The above process does not guarantee placement.** The board, along with the head of school and administration, will review the applicant's folder. Trent Internationale School, Inc. does not discriminate with regard to race, religion, sex, color, creed, disability, or national origin. Trent Internationale School, Inc. reserves the right to refuse entrance to any student for any reason other than discrimination.

**Trent Internationale School**

**2553 Cordes Dr**

**Sugar Land TX 77479**

**E-Mail: [Admissions@trentinternationale.com](mailto:Admissions@trentinternationale.com)**

**[www.trentinternationale.com](http://www.trentinternationale.com)**

**Tel #: 281-980-5800 ~ Fax: 281-980-6106**



# Trent International School

Established 1993



## Application Part I

Please check the appropriate box that applies to the student.

9       10       11       12

### STUDENT INFORMATION

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Preferred \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_

Student Cell phone \_\_\_\_\_ Student E-mail \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  
Month Day Year

Place of Birth (City & Country) \_\_\_\_\_ Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_

Visa Status (Non U.S. Citizen) \_\_\_\_\_ F-I Visa Required  Yes  No

Passport Number \_\_\_\_\_ Date and Place of Issue \_\_\_\_\_

Language Spoken at Home \_\_\_\_\_ Second Language \_\_\_\_\_ Additional Language(s) \_\_\_\_\_

### CURRENT SCHOOL INFORMATION

Name of School \_\_\_\_\_  Public  Private  Parochial

Present Grade/Class/Year \_\_\_\_\_ Dates of Attendance \_\_\_\_/\_\_\_\_/\_\_\_\_ --- \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Name of Principal/Counselor \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ School Website \_\_\_\_\_

School Address \_\_\_\_\_  
Street City State/Country Zip Code

### INDICATE ALL SCHOOLS ATTENDED STARTING WITH 6TH GRADE

Grade _____	Name of School _____	Dates Attended _____
Grade _____	Name of School _____	Dates Attended _____
Grade _____	Name of School _____	Dates Attended _____
Grade _____	Name of School _____	Dates Attended _____
Grade _____	Name of School _____	Dates Attended _____
Grade _____	Name of School _____	Dates Attended _____

How did you hear about Trent?  Word of Mouth  Friend  Internet  Other \_\_\_\_\_

Years of Formal instruction in: English \_\_\_\_\_ Spanish: \_\_\_\_\_ other: \_\_\_\_\_  
(Applicants to high School must have a minimum of one year of a second language; applicants to grade 11 must have a minimum of 2 years of a second language)

Is English a Second Language for the Applicant? \_\_\_\_\_





# Trent International School

Established 1993



## **FATHER'S INFORMATION**

Title	First	Middle	Last	Nationality
Address		City	State	Zip Code
Country		Home Phone Number	Mobile Phone	
Native Language		Highest Degree/Diploma	Profession	
Employer		Type of Business	Position	
Work Address		Work City	Work State	Work Zip Code
Work Telephone #	Work Fax #	Work E-Mail	Personal E-mail	

## **MOTHER'S INFORMATION**

Title	First	Middle	Last	Nationality
Address		City	State	Zip Code
Country		Home Phone Number	Mobile Phone	
Native Language		Highest Degree/Diploma	Profession	
Employer		Type of Business	Position	
Work Address		Work City	Work State	Work Zip Code
Work Telephone #	Work Fax #	Work E-Mail	Personal E-mail	

## **GUARDIAN'S INFORMATION**

Title	First	Middle	Last	Nationality
Address		City	State	Zip Code
Country		Home Phone Number	Mobile Phone	
Native Language		Highest Degree/Diploma	Profession	
Employer		Type of Business	Position	
Work Address		Work City	Work State	Work Zip Code
Work Telephone #	Work Fax #	Work E-Mail	Personal E-mail	

**Mailings should be sent to:**

- Both Parents  Mother only  Father only  Guardian



# Trent International School

Established 1993



COUNCIL OF INTERNATIONAL SCHOOLS



## SIBLINGS

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_ Current School \_\_\_\_\_

Members of Applicant's Family who are currently attending or have attended Trent International School

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Attended \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Attended \_\_\_\_\_ Current School \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Years Attended \_\_\_\_\_ Current School \_\_\_\_\_

## **STUDENT RELEASE INFORMATION**

I hereby authorize Trent International School to allow my child to leave the facility with the following person(s):

Title	First	Last	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

E-mail	Home Phone	Work Phone	Mobile Phone
_____	_____	_____	_____
_____	_____	_____	_____

Street No. & Address	City	Texas State	Zip Code
_____	_____	_____	_____
_____	_____	_____	_____

## IN CASE OF EMERGENCY

**Emergency contacts other than parents or guardians (two people):**

*THIS SECTION MUST BE FILLED OUT FOR SAFETY PURPOSES AND THE CONTACT MUST BE A RESIDENT OF SUGAR LAND.*

Name	Relationship	Phone/Email
_____	_____	_____
_____	_____	_____

Is the student currently taking any medications? If **YES**, please specify \_\_\_\_\_

Does the applicant have any type of allergies? If **YES**, please specify \_\_\_\_\_

Does the applicant have a physical handicap or chronic illness? If **YES**, please explain. Include information regarding any special arrangements the applicant may need? \_\_\_\_\_

Name of Licensed Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital or Clinic: \_\_\_\_\_

*In the event of an emergency (illness or accident) every attempt will be made to contact you, the alternate person listed, or the doctor listed. If this fails, your child will be taken to the hospital listed if possible. If not, your child will be taken to the most appropriate emergency facility. A school representative will stay with your child until you or an alternate person assumes responsibility.*

Acknowledgment and approval given by: \_\_\_\_\_ Date: \_\_\_\_\_



# Trent InternationalE School

Established 1993



**It is the law of the state of Texas that proper documentation of each student's immunization records, including hearing and vision screening, be submitted at the time of enrollment. No student may attend classes at Trent InternationalE School unless all of the health requirements have been met. The student's physician must sign this information.**

## DOCTOR'S STATEMENT

This is to verify that the applicant is up to date with all immunizations.

I have examined the above named child within the past year and find that he/she is physically able to take part in the school's program.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MAKE SURE TO INCLUDE A CURRENT COPY OF THE STUDENTS IMMUNIZATION RECORDS WITH THIS DOCUMENT**

## RELEASE

This form serves as a release and consent to allow Trent InternationalE School to use my child's image and likeness in either photographic or video format. I understand that it may appear in promotional material for the school that may be distributed nationally and may be used over an extended period of time. I have not requested, nor do I expect monetary compensation for granting Trent InternationalE School the right to use my child's image as stated.

## WAIVER OF LIABILITY AND MEDICAL TREATMENT AUTHORIZATION

I/we do hereby present to Trent InternationalE School this Medical Treatment Authorization/Waiver of Liability for \_\_\_\_\_ who is enrolled in the school, and do hereby waive any and all rights and claims against Trent InternationalE School, its trustees, officers, agents and employees, arising in or out of the student's participation in this program.

Child's Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Emergency Contact Name & phone number: \_\_\_\_\_

In case of an emergency, I/we, Authorize Trent InternationalE School, Inc. to transport my child to the closest emergency facility in my absence. I acknowledge that my child's safety is of utmost importance. I realize that a representative of the school will make every attempt to contact me and inform me of my child's status.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## FIELD TRIP/TRANSPORTATION

**PLEASE READ THE FOLLOWING CAREFULLY AND COMPLETELY**

I/We hereby consent to the participation of the student named below in all activities conducted by the employees of Trent InternationalE School. These shall include curricular and extra-curricular, athletics, conducted both on and off school grounds of Trent InternationalE School. I/We further consent and hereby authorize and empower any employee or volunteer of Trent InternationalE School to transport said student to sites off the school campus on any field trip for educational, entertainment, and/or athletic purpose which is part of Trent InternationalE School's curriculum. I understand that if my child is **NOT** in the required uniform he/she will not be permitted to go on the field trip.

I/We hereby agree to assume all responsibility and risk from the participation by the student in any school activity or event, whether conducted on or off the school grounds of Trent InternationalE School, at any time during, before or after regular school hours including field trips for educational and /or recreational purposes, travel to and from while participating in curricular, extra-curricular activities and athletics.

I/We further agree to hold this school, the teacher, the employees and volunteers free from all damages or liability for all injury to person or property arising from the result of the foregoing.

My child \_\_\_\_\_ has my permission to attend all field trips arranged by the school.

I hereby consent to the transportation of my child to and from all field trips:

Parent comments: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## WATER ACTIVITIES

I hereby ( ) give ( ) do not give my consent for my child to participate in water activities:

\_\_\_\_\_ splashing pools \_\_\_\_\_ wading pools \_\_\_\_\_ swimming pools \_\_\_\_\_ other bodies of water provided by the facility.

**All fees, tuitions, and donations are non-refundable regardless of circumstance. The testing process does not guarantee admission.**

**In signing this application, I grant permission for Trent InternationalE School to obtain necessary academic and medical records and any other pertinent information which will assist the school during the admissions process. The information provided is confidential and will be used only in the selection of the candidate. It will not become part of the candidate's permanent file and will not be available to the candidates nor to his/her parents. I further understand that if the acceptance into Trent InternationalE School is based on misinformation or lack of information in this application, the applicant may be asked to withdraw without refunds.**

\_\_\_\_\_ or \_\_\_\_\_ or \_\_\_\_\_ Date  
Mother's Signature Father's Signature Guardian's Signature



# Trent Internationale School

Established 1993



## TRENT INTERNATIONALE SCHOOL APPLICATION PART II

**Must be completed by the student**

\_\_\_\_\_

First Middle Last Preferred

\_\_\_\_\_

Current School Current Grade

Please list all schools you are applying to:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Is a language other than English spoken at home? If YES, please tell us which language(s) and by whom? Are you fluent in speaking, reading, or writing the language? \_\_\_\_\_

What do you enjoy doing in your spare time? \_\_\_\_\_

Please list all extra-curricular activities you have been involved in during the last two years? \_\_\_\_\_

What subject do you enjoy the most? \_\_\_\_\_ Why? \_\_\_\_\_

If you are a transfer student (applying for 10th, 11th, 12th grade), why do you want to leave your present school? \_\_\_\_\_

**On a separate sheet of paper, please answer the following question in 200-250 words. Where do you see yourself 10 years from now? How do you think Trent Internationale School can help you achieve this?**





**Trent InternationalE School**  
Established 1993



## Trent InternationalE School

2017-2018 School Year

### AUTHORIZATION FOR THE RELEASE OF STUDENT RECORDS

As the parent or legal guardian of \_\_\_\_\_,  
I, authorize you to release to Trent InternationalE School, Inc., all cumulative, health records, academic transcripts, and standardized tests that are pertinent to this applicant.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Previous School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Please forward all information to:

Director of Admissions  
2553 Cordes Dr.  
Sugar Land TX 77479

Phone: 281-980-5800, Fax: 281-980-6106



# Trent InternationalE School

Established 1993



## Enrollment Contract for School Year 2017- 2018

I/We ("I"), hereby accept the position at Trent InternationalE School, Inc. ("School") reserved for \_\_\_\_\_ ("Student"), in \_\_\_\_\_ (appropriate) grade, for the 2017-2018 school year. I understand that in order for our child/ward to be enrolled, I must sign this contract agreeing to all terms and conditions and pay all non-refundable fees and tuition as prescribed by the 2017-2018 tuition and fee schedule. The tuition and fee schedule is incorporated by reference in this enrollment contract and forms a part hereof. The school's objective is to provide quality education for all students. A significant portion of the school's costs is committed and incurred during the first week of the student's enrollment and is of a continuing nature which does not materially diminish with a student's departure. Consequently, the School requires commitment to full payment of the year's tuition and fees once a student has been granted placement. I understand that my obligation to pay the tuition and fees for the full academic year is unconditional and no portion of the yearly fees paid or outstanding will be refunded or cancelled. I understand that if my account is at any time turned over to an attorney and/or collection, all fees incurred by the school will be assessed to my account and payable by me.

### Unconditional Obligation

I/we understand the following:

1. School is a 10-month program and the full year's tuition is due upon enrollment regardless of illness, inclement weather (e.g. hurricane), closures, or vacations. I am committed for the entire school year.
2. The school's offer to allow payments in installments does not present a partial year's contract.
3. All fees, tuitions, and donations are non-refundable.
4. Upon placement, all non-refundable fees and tuition will be required to secure each child's position in the appropriate class. If enrollment process is not completed for any reason, this amount is forfeited.
5. I understand that I am required to provide a valid driver's license to keep on record for security reasons.
6. Uniform code must be adhered to at the expense of parents/guardians and must be purchased at the designated uniform companies.

### School's Rights Reserved

I accept and agree to be bound by and to comply with (and to require the Student to comply with) all rules, policies, procedures, and expectations of the school as described in the student handbook in its entirety. I understand that these rules may from time to time be explained verbally to the students including (without limitation) rules concerning conduct and academic integrity. I understand that the student handbook is typically updated each year, and that it is subject to change without prior notice. I understand that the school reserves the right to insist upon the immediate removal of any person(s) whose presence is considered harmful either to the students or the school's best interest. Inappropriate behavior and/or aggression displayed by any person(s) will not be tolerated and will result in the student's immediate dismissal. In case of dismissal, the parents/guardians shall remain liable for the full tuition and all other financial obligations. I understand that unusual or unanticipated circumstances may arise that may not be covered directly by existing school rules, policies, procedures, and expectations. I understand the head of the school has the authority and discretion to act in such instances, (as with respect to any disciplinary situation) with regard to assessing disciplinary consequences, up to and including dismissal from School. Trent reserves the right to exclude students from classes and other school activities after appropriate notice has been sent to parents/guardians regarding late payments and/or disciplinary issues. In case of non-payment, all exams and transcripts will be marked "incomplete" and withheld until all financial obligations have been met. The school may suspend a student for non-payment and/or disciplinary issues and the parents/guardians shall remain liable for the full tuition and all other financial obligations. Parents/Guardians acknowledge that if this account is turned over to an attorney due to any disputes, all fees incurred by the school will be assessed to the student's account and are payable by parents/guardian. Finally, I have disclosed to the school all pertinent and material information concerning and/or regarding the student, and understand that any failure to disclose such information to the school prior to student's enrollment may be grounds for reconsideration by the school of student's admission and could result in adverse consequences up to and including the student's dismissal from school.

### Liability:

I agree that the above student may participate in school activities, athletic events, and school trips away from the school. Although it is understood that the school and its representatives intend to take all reasonable cautions with respect to all activities, I understand that the participation of my child in the activities involves a certain element of risk, and I hereby assume full responsibility for any personal injury that might occur to my child while taking part in school activities. I will absolve the school and its employees, agents, and representatives from all liability in regard to such injury.

### Payment:

I/we, do hereby agree to pay the full tuition amount of \$\_\_\_\_\_ for the school year 2017- 2018 plus all other fees and expenses assessed and/or incurred in accordance with the schedule of fees for the school year. I understand that the tuition is due on the first of the month of each pay period. I understand that it is important to make payments in a timely manner. Late payments and insufficient funds shall accrue late fees.

By enrolling your child at Trent InternationalE School, the parent/guardian accepts the obligation for full payment of tuition and other charges for the entire academic year. The terms and conditions of this agreement constitute the full and complete agreement between the parties. This agreement is intended to be an integrated writing and any prior oral or written agreements between the parties are merged into this agreement and extinguished. No custom or course of dealing between the parties or verbal statements shall in any way vary or alter the terms and conditions of this agreement.

Name of parents/guardians who are financially responsible for student:

MOTHER/Guardian Name: \_\_\_\_\_

FATHER/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Texas Driver License number: \_\_\_\_\_

Texas Driver License number: \_\_\_\_\_

**NO CHANGES MAY BE MADE TO THIS FORM. FAILURE TO SIGN THIS CONTRACT COULD RESULT IN PLACEMENT OF ANOTHER STUDENT IN THE CLASS AND FORFEITURE OF ALL NON-REFUNDABLE FEES.** Note: Please return a signed copy of this form to Trent InternationalE Admissions together with the enrollment fees.

Trent InternationalE School, Inc. does not discriminate with regard to race, religion, sex, color, creed, disability or national origin. Trent InternationalE School, Inc. reserves the right to refuse entrance to any student for any reason other than discrimination. 1/1/12



## Credit Card Authorization Form

Student Name:

Grade

Name on the Credit Card

Type

Credit Card Number

Expiration Date 3-digit Security Code

Driver's License #

Phone Number

I hereby authorize Trent International School to charge my credit card for all school related expenses.

Signature

Date

Tuition Payment Options:

- 10% of Tuition for Space Reservation for 2017-2018 School Year - Due upon registration**
- Pay in Full - Due August 1
- Two - Payment Plan - Due: August 1, January 1 (this payment plan will include an additional \$100 fee per payment)
- Three -Payment Plan - Due: August 1, January 1, and March 1 (this payment plan will include an additional \$100 fee per payment)
- Monthly - Due the 1st of the month (this payment plan will include an additional \$50 fee per payment)
- Morning Care: \_\_\_\_\_  Afternoon Care: \_\_\_\_\_
- Am & Pm Care: \_\_\_\_\_
- Clubs/Activities: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Total: \$ \_\_\_\_\_
- Bus \_\_\_\_\_

**Please Note:**

**Tuition is due on the first of every month. A \$50.00 late payment fee will be charged if the payment is received after the due date. If the 1st falls on the weekend, your card will be charged on the prior business day. If card is declined, a \$50.00 re-submission fee will be charged to your account.**