

*Trinity Classical Academy  
of Summerville*

*P.O. Box 3069*

*Summerville, S.C. 29484*

*843-821-8282*

*tcaofsummerville@gmail.com*

Date \_\_\_\_\_

Student \_\_\_\_\_ DOB \_\_\_\_\_

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

The student(s) listed above has/have enrolled at Trinity Classical Academy. Please forward his or her academic and immunization records to the address listed above.

Signature of parent or guardian \_\_\_\_\_ (Date)

Thank you for your cooperation.

Sincerely,

Claire Kabine  
Director