

*Trinity Classical Academy
of Summerville*

P.O. Box 3169

Summerville, S.C. 29484

843-327-7444

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