

Trinity Lutheran School

8540 East 16th Street * Indianapolis, IN 46219 * 317-897-0243

Application for Admittance

Date of Application: _____

Applying for Grade: _____

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____

Date of Baptism: _____ Church: _____

Current School: _____

Has this child ever been suspended, expelled, or enrollment terminated from any other school?

Yes No If yes, please explain. _____

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____

Date of Baptism: _____ Church: _____

Current School: _____

Has this child ever been suspended, expelled, or enrollment terminated from any other school?

Yes No If yes, please explain. _____

Last Name: _____ First: _____ Middle: _____

Date of Birth: _____

Date of Baptism: _____ Church: _____

Current School: _____

Has this child ever been suspended, expelled, or enrollment terminated from any other school?

Yes No If yes, please explain. _____

Family Information

Mother/Guardian

Father/Guardian

First and Last Name

Home Address

City, State, Zip Code

Phone Number

Cell Phone Number

E-Mail Address

Church Affiliation