

TRINITY LUTHERAN SCHOOL
2018-2019 ENROLLMENT APPLICATION



Student Information

Last Name: _____ First Name: _____ M.I.: _____ Preferred Name: _____

Check which grade applying for:

Early Learners (3yr old) Pre-K (4yr old) K 1st 2nd 3rd 4th 5th 6th 7th 8th

Birth Date: _____ Male Female Previous School: _____

Baptism Date: _____ Location of Baptism: _____

Ethnic Origin (Check one): *This information is used for state and federal demographic reporting.*

American Indian Black/African American Asian Hispanic White/Caucasian Multiracial

Who does the student reside with?

Both parents Mother Father Grandparent(s) Legal Guardian other than parents: _____

Family Information

Guardian 1: _____ Relationship to student: _____
Last First M.I.

Address: _____

City: State: Zip: _____

Home Phone: _____ Mobile Phone: _____ Text: yes no

Business Phone: _____ Employer: _____ Email: _____

If applicable, Step-parent: _____
Last First M.I.

Guardian 1: _____ Relationship to student: _____
Last First M.I.

Address: _____

City: State: Zip: _____

Home Phone: _____ Mobile Phone: _____ Text: yes no

Business Phone: _____ Employer: _____ Email: _____

If applicable, Step-parent: _____
Last First M.I.

Additional Information

Church Membership (if applicable): _____

How did you first learn about Trinity? _____

Use the spaces below for any siblings.

Last Name: _____ First Name: _____ M.I.: _____ Preferred Name: _____

Check which grade applying for:

Early Learners (3yr old) Pre-K (4yr old) K 1st 2nd 3rd 4th 5th 6th 7th 8th

Birth Date: _____ Male Female Previous School: _____

Baptism Date: _____ Location of Baptism: _____

Ethnic Origin (Check one): *This information is used for state and federal demographic reporting.*

American Indian Black/African American Asian Hispanic White/Caucasian Multiracial

Who does the student reside with?

Both parents Mother Father Grandparent(s) Legal Guardian other than parents: _____

Last Name: _____ First Name: _____ M.I.: _____ Preferred Name: _____

Check which grade applying for:

Early Learners (3yr old) Pre-K (4yr old) K 1st 2nd 3rd 4th 5th 6th 7th 8th

Birth Date: _____ Male Female Previous School: _____

Baptism Date: _____ Location of Baptism: _____

Ethnic Origin (Check one): *This information is used for state and federal demographic reporting.*

American Indian Black/African American Asian Hispanic White/Caucasian Multiracial

Who does the student reside with?

Both parents Mother Father Grandparent(s) Legal Guardian other than parents: _____

Trinity Lutheran School admits and welcomes students of all races, religions, ethnic and national origins, and socio-economic backgrounds.

I certify by my signature that the above information is correct. This form will be valid for one year from the date signed.

Guardian Signature: _____ Name Printed: _____ Date: _____

This application is not binding on the applicant or the school.

Please submit this completed enrollment form accompanied with:

- Registration fee (Not refundable): 1st Child - \$100, each additional child \$50
- Copy of applicant's birth certificate
- Copy of applicant's immunizations
- Copy of current IEP (is applicable)
- Tuition Payment Contract
- Academic records from previous school