

# TRINITY LUTHERAN SCHOOL ENROLLMENT FORM

PLEASE FILL OUT SEPARATE FORMS FOR EACH CHILD ENROLLING. ADDITIONAL FORMS ARE AVAILABLE IN THE OFFICE OR FROM WWW.MYTLS.ORG

\$150 NON-REFUNDABLE APPLICATION FEE PER STUDENT

\$25 TESTING FEE PER STUDENT 3-8 GRADE

\_\_\_\_\_ TODAY'S DATE

## TIGER TOTS:

FALL SESSION

WINTER SESSION

SPRING SESSION

PRESCHOOL:  HALF DAY  FULL DAY

### MORNING PRESCHOOL

THREE DAY ( T-TH)  FIVE DAY (M - F)

## KINDERGARTEN-8TH GRADE:

HALF DAY KINDERGARTEN

1ST

2ND

3RD

4TH

5TH

6TH

7TH

8TH

FULL DAY KINDERGARTEN

## STUDENT INFORMATION:

CHILD'S FULL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

ETHNIC BACKGROUND \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_

*If the child does not live with both parents, who do they primarily live with?* \_\_\_\_\_

DOES YOUR FAMILY BELONG TO A CHURCH?  YES  NO *If yes, what church?* \_\_\_\_\_

IS YOUR CHILD BAPTIZED?  YES  NO DATE OF BAPTISM \_\_\_\_\_

PUBLIC SCHOOL DISTRICT CHILD WOULD ATTEND \_\_\_\_\_

PREVIOUS SCHOOL (if applicable) \_\_\_\_\_

REASON FOR TRANSFER (if applicable) \_\_\_\_\_

HAS YOUR CHILD EVER BEEN EXPELLED FROM A SCHOOL?  YES  NO

DOES YOUR CHILD HAVE AN IEP, REQUIRE ACCOMMODATIONS AND/OR MODIFICATIONS?  YES  NO

*If yes, please explain* \_\_\_\_\_

Please turn over-->

Activation Code: \_\_\_\_\_

Password : \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_

DOCTOR'S PHONE NUMBER \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_

HEALTH CONCERNS/ALLERGIES \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**PARENT/GUARDIAN INFORMATION**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

WORK NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

CELL PROVIDER (important) \_\_\_\_\_

CELL PROVIDER (important) \_\_\_\_\_

CHURCH \_\_\_\_\_

CHURCH \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

CHURCH ADDRESS \_\_\_\_\_

MEMBERSHIP  ACTIVE  INACTIVE

MEMBERSHIP  ACTIVE  INACTIVE

EMAIL \_\_\_\_\_

EMAIL \_\_\_\_\_

**ADMISSIONS POLICY:**

Trinity Lutheran School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national or ethnic origin in administration of its' education policies and athletic or other school administered programs.

**PARENTAL PLEDGE OF SUPPORT:**

We, the parents (primary care givers), pledge our full support and cooperation to the faculty of Trinity Lutheran School with regards to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshiping regularly with our child. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We will pray regularly for the ministry of Trinity Lutheran School.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Thank you for considering Trinity. We look forward to working with you as a team. Please contact the teachers or principal if there are any questions or concerns. God bless your family as we work together to provide the foundation and nurture needed by our children.*

*Trinity's Purpose and Mission:*

*"The fear of the Lord is the beginning of wisdom." Proverbs 9:10*

*The purpose of Trinity Lutheran School is the total development of the child – spiritually, emotionally, intellectually, physically – as a Christian living out God's purposes for one's life in today's world.*

*Our mission is to provide a high quality, Christ-centered education.*