

TRINITY LUTHERAN SCHOOL ENROLLMENT FORM 2022-23

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

THREE-YEAR-OLD

TWO DAY (T&TH)

FIVE DAY

THREE DAY (T-TH)

(PRESCHOOL: T-TH/ K.E.E.P. M-F)

FOUR-YEAR-OLD

THREE DAY (T-TH)

FIVE DAY (M-F)

KINDERGARTEN-8TH GRADE:

HALF DAY K FULL DAY K 1ST 2ND 3RD 4TH 5TH 6TH 7TH 8TH

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 _____

Activation Code: _____

Password : _____

Please turn over-->

CHILD'S DOCTOR _____

DOCTOR'S PHONE NUMBER _____

INSURANCE CARRIER _____

HEALTH CONCERNS/ALLERGIES _____

PARENT/GUARDIAN INFORMATION

NAME _____

EMPLOYER _____

OCCUPATION _____

WORK NUMBER _____

CELL NUMBER _____

CELL PROVIDER _____

CHURCH _____

CHURCH ADDRESS _____

MEMBERSHIP ACTIVE INACTIVE

EMAIL _____

PARENT/GUARDIAN INFORMATION

NAME _____

EMPLOYER _____

OCCUPATION _____

WORK NUMBER _____

CELL NUMBER _____

CELL PROVIDER _____

CHURCH _____

CHURCH ADDRESS _____

MEMBERSHIP ACTIVE INACTIVE

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.