

Application for Kindergarten Enrollment



A non-refundable application fee of \$50 is due with this form.

STUDENT INFORMATION

Student's Last Name _____ First _____ Middle _____ Male
 Female

Student shirt size (circle one) YXS YS YM YL S M L XL XXL

Program/Grade Entering (circle one) 2 year old* 3 year old* 4 year old* Pre-Kindergarten*
*Please select: Part-time Full-time
Kindergarten 1 2 3 4 5 6 7 8

Birthday (mo/day/yr) _____ City/State of Birth _____ Baptism Date (mo/day/yr) _____

Student Ethnicity White African American Hispanic Multi-Ethnic Other _____

Allergies/Health Concerns _____

Please attach allergy/health statement or instructions, if necessary.

With whom does the student live? _____

For Office Use Only	
Date of application _____	Shirt given _____
Fee received on _____	Check # _____

BIOLOGICAL FATHER'S INFORMATION

Father's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

BIOLOGICAL MOTHER'S INFORMATION

Mother's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

Please complete the reverse side.

Application for Kindergarten Enrollment (cont.)

ADDITIONAL EMERGENCY CONTACT/PICK-UP INFORMATION

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone # _____ Cell # _____	Home Phone # _____ Cell # _____
Work Phone # _____	Work Phone # _____
Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone # _____ Cell # _____	Home Phone # _____ Cell # _____
Work Phone # _____	Work Phone # _____

PREVIOUS SCHOOL INFORMATION

In which Public School District does the student reside? _____

Most Recent School Attended _____

Address of Previous School _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Has the student been tested for any of the following? Please check appropriate boxes below:

Speech/Language Dyslexia Autism Other Learning Disabilities

Other testing or concerns: _____

SIBLING INFORMATION

Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____

PARENTS (GUARDIANS) OF ALL STUDENTS

I (we), the undersigned, agree to support all school rules and regulations as outlined in the Parent/Student Handbook located on the school website and make required tuition payments. I (we) understand that acceptance is based on probationary status for two full grading periods. (Probation ceases automatically unless prior notice is given.) I (we) grant permission for my (our) child to be included in any photos the school may use for promotional purposes. (Names will not be used with pictures on websites or external promotions.)

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Does your family plan to apply for tuition assistance? Yes No

How did you hear about Trinity Lutheran School? _____

Does your family regularly worship at a church? Yes No Location _____