

# Application for New Student Enrollment



A non-refundable application fee of \$200 (Kindergarten – 8<sup>th</sup> Grade) or \$100 (Early Childhood) is due with this form.

## STUDENT INFORMATION

Male  
 Female

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Student's Shirt Size (circle one)    YXS    YS    YM    YL    YXL    S    M    L    XL    XXL

Program/Grade Entering (circle one)    2 year old\*    3 year old\*    4 year old\*    Pre-Kindergarten\*

Kindergarten    1    2    3    4    5    6    7    8

\*Please check one box and circle your preferred days (if applicable):  
 Mornings – 5 days/week     Full Day – 5 days/week  
 Mornings – 3 days/week (M T W R F)     Full Day – 3 days/week (M T W R F)     Full Day – 4 days/week (M T W R F)

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? \_\_\_\_\_

<i><b>For Office Use Only</b></i>	
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 New Enrollment (cont.)

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## 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(ren) 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 \_\_\_\_\_