

Office use only

Date received _____ App. Fee paid Yes / No

Trinity Lutheran School Application for Enrollment Form

Please fill out a separate form for each child enrolling. Additional forms are available from the school office or from www.tlbr.org

Entry Grade Level (Circle One) 3yr. PS 4yr. PS K 1 2 3 4 5 6 7 8

CHILD'S FULL NAME: _____ Date of Birth: _____ Sex: _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____

May we include name, address, and phone number in school directory? Yes No

Ethnic Background: _____ African-American _____ Asian _____ Hispanic _____ Native American _____ White _____ Other

Mother's Name _____

Father's Name _____

Parental Status: _____ Married _____ Divorced _____ Unmarried _____ Guardian _____ Widow(er)

If the child does not live with both natural parents, with which parent does the child live? _____

Public School District Child Would Attend: _____

Child's Church Membership _____

Is your child baptized? Yes No If yes, what church? _____

When (month/day/year) _____

Previous School _____

Reason for Transfer _____

Has your child ever been expelled from a school? Yes No

Has your child ever been screened or evaluated for: ADD, ADHD, learning disabilities, or other areas, which can impact learning?
Yes No

Has your child ever received special services for a learning disability? Yes No If yes, what were the nature of the services?

(Please complete both sides.)

CHILD'S HEALTH Insurance Carrier _____

Child's Doctor _____ Phone _____

Emergency contact people (other than parents):

Primary (name and phone) _____

Secondary (name and phone) _____

Identify any special health concerns/allergies about which we should be aware: _____

Please list names and birth dates of any other children in the family: _____

Data on Father

Employer _____

Occupation _____

Business Phone _____

Cell Phone _____

Church _____

Church Address _____

Church Status: Active Inactive

E-mail address: _____

Data on Mother

Employer _____

Occupation _____

Business Phone _____

Cell Phone _____

Church _____

Church Address _____

Church Status: Active Inactive

E-mail address: _____

ADMISSIONS POLICY: Trinity Lutheran School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, progress and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational 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 regard 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.

Father's Signature _____ Date _____

Mother's 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.