

TRINITY LUTHERAN SCHOOL  
APPLICATION FOR ENROLLMENT  
2010 - 2011

FAMILY NAME \_\_\_\_\_

HOME ADDRESS (student primary address): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**TODDLERS/PRESCHOOL/PRE-KINDERGARTEN**

STUDENT NAME	BIRTH DATE	SOCIAL SECURITY NUMBER	M/F	BAPTISMAL BIRTHDATE	T1	T2	PS 1 A.M.	PS 1 P.M.	PS 2 A.M.	PS 2 P.M.	Pre-K A.M.	Pre-K P.M.

**Pre-Kindergarten Authorization: In order to register for Pre-Kindergarten you must get Teacher or Principal approval.**

Teacher/Principal signature \_\_\_\_\_

**GRADES K - 8**

STUDENT NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	GENDER M/F	BAPTISMAL BIRTHDATE	GRADE

**FEES: (Non-refundable)** All enrollment fees are per child and due at time of enrollment.

**Registration Fee K - 8**

\$90.00 February 8 through May 28

\$120.00 All registrations beginning June 1

**Enrollment and Materials Fee PS-PK**

\$55 through May 28

\$85 per child for all registrations beginning June 1

Date application for enrollment received: \_\_\_\_\_ accepted: \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date paid \_\_\_\_\_

**New Students**

Copy of Birth Certificate \_\_\_\_\_ Copy of Social Security Card \_\_\_\_\_ Health Exam Form \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

*Please Complete Information on the Other Side*

\*\*WHAT SCHOOL DISTRICT DO YOU LIVE IN, (District 7, Triad, etc)? \_\_\_\_\_

School last attended (new students only): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**FATHER (First, M.I., Last Name)**

**MOTHER (First, M.I., Last Name)**

NAME:	NAME:
SOCIAL SECURITY NUMBER:	SOCIAL SECURITY NUMBER:
STREET ADDRESS:	STREET ADDRESS:
CITY/STATE/ZIP	CITY/STATE/ZIP
HOME PHONE:	HOME PHONE:
LIVING: YES NO CUSTODIAL RIGHTS: YES NO	LIVING: YES NO CUSTODIAL RIGHTS: YES NO
MARITAL STATUS: _____ Married _____ Divorced _____ Single	MARITAL STATUS: _____ Married _____ Divorced _____ Single
OCCUPATION:	OCCUPATION:
EMPLOYER:	EMPLOYER:
WORK PHONE:	WORK PHONE:
NATIVE COUNTRY:	NATIVE COUNTRY:
PRESENT CHURCH MEMBERSHIP: CITY/STATE:	PRESENT CHURCH MEMBERSHIP: CITY/STATE:
PASTOR:	PASTOR:

**BROTHERS AND SISTERS NOT ENROLLED AT TRINITY**

NAME	SCHOOL	BIRTHDATE

Other family or student information:

Reason for applying (new families only):  
 \_\_\_\_\_  
 \_\_\_\_\_

If your child has any special educational needs, please explain (new families only).  
 \_\_\_\_\_

Check activities in which your child is interested: \_\_\_\_\_ Choir \_\_\_\_\_ Band \_\_\_\_\_ Baseball \_\_\_\_\_ Volleyball  
 \_\_\_\_\_ Basketball \_\_\_\_\_ Track \_\_\_\_\_ Cheerleading \_\_\_\_\_ Student Council \_\_\_\_\_ Academic Competition