

TRINITY LUTHERAN SCHOOL
APPLICATION FOR ENROLLMENT
2011-2012

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	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	GRADE

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

Registration Fee K - 8

\$100.00 through Feb. 28

\$120.00 All registrations beginning March 1

Enrollment and Materials Fee PS-PK

\$75 through Feb. 28

\$100 per child for all registrations beginning March 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

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:

For New Families Only

What school district do you live in (District 7, Triad, etc)? _____

School last attended: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Reason for applying:

If your child has any special educational needs, please explain:

Check activities in which your child is interested: ___ Academic Competition ___ Band ___ Baseball
___ Basketball ___ Cheerleading ___ Strings ___ Theater ___ Track ___ Volleyball

