



# TRINITY LUTHERAN SCHOOL

## APPLICATION FOR ADMISSION 2024-2025

APPLICANT INFORMATION (PLEASE PRINT & USE BLACK OR BLUE INK):

<u>Student Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Grade Entering</u>	<u>Ethnic Background</u> (not required)	<u>Baptismal date:</u>
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Applicant resides in school district (PLEASE ANSWER): \_\_\_\_\_

Applicant lives with (check all that apply):  Father  Mother  Stepfather  Stepmother  Legal Guardian

If separated or divorced, who has legal custody?  Father  Mother  Both/Joint  Legal Guardian

**FAMILY INFORMATION:**

**Father or legal guardian:** \_\_\_\_\_

Stepmother (if applicable): \_\_\_\_\_

Address (if different than student's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Church Membership: \_\_\_\_\_

E-mail address to which we can send school communication: \_\_\_\_\_

Cell Phone Provider: AT&T  Verizon  Cricket  List Other \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status:  Married  Single  Separated  Divorced  Remarried  Widowed

**Mother or legal guardian:** \_\_\_\_\_

Stepfather (if applicable): \_\_\_\_\_

Address (if different than father's): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Work phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Church Membership: \_\_\_\_\_

E-mail address to which we can send school communication: \_\_\_\_\_

Cell Phone Provider: AT&T \_\_\_\_ Verizon \_\_\_\_ Cricket \_\_\_\_\_ List Other \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital status:  Married  Single  Separated  Divorced  Remarried  Widowed

\*If divorced, the school must have a copy of the court ordered custody agreement.

Please list any relatives who previously attended Trinity Lutheran School and their relationship to the applicant:  
\_\_\_\_\_

How did you hear about Trinity Lutheran School? \_\_\_\_\_

Do you have internet access at home or work that could be used to access grades?  Yes  No

What languages other than English are spoken at home? \_\_\_\_\_

Have any of the applicants ever been suspended, expelled or denied admission to a school?  Yes  No

If yes, please explain: \_\_\_\_\_

Have any of the applicants repeated any grades?  Yes  No If yes, please explain: \_\_\_\_\_

PREVIOUS EDUCATIONAL EXPERIENCE: List the school (s) the applicant has attended in the last two years.

<u>Student Name:</u>	<u>School Attended</u>	<u>School Address</u>	<u>Dates Attended</u>

Other information about your child: asthma, speech difficulties, food allergies, drug allergies, food intolerance, physical problems with eyes, ears, body, etc. \_\_\_\_\_

Has the applicant been diagnosed with any educational or emotional difficulties which might impact his/her education? \_\_\_\_\_

Comments: \_\_\_\_\_

In case of emergency, we should call (other than parents):

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Signature of Parent completing Registration Form: \_\_\_\_\_ Date: \_\_\_\_\_

Please Mark ALL that apply:

New Enrollment: <input type="checkbox"/>	Re-Enrollment: <input type="checkbox"/>
Will NOT return to TLS for <b>2024-2025:</b>	Undecided if child will return: <input type="checkbox"/>
Tuition will be paid in full: <input type="checkbox"/>	Please send home a Foundation Application: <input type="checkbox"/>
Will need to use Blackbaud Tuition Management: <input type="checkbox"/>	I have enclosed a <b>\$56</b> check/cash to cover the Blackbaud Tuition Management Fee: <input type="checkbox"/>

FOR OFFICE USE ONLY BELOW THIS LINE

Student is accepted:  Yes  Not at this time

Signature of Principal \_\_\_\_\_ Date: \_\_\_\_\_