



# Trinity Lutheran School Application for Enrollment Form

Date of Application \_\_\_\_\_ Fee of Application Paid (\$20.00) \_\_\_\_\_

Entry Grade Level (Circle One) **PK3/4** **PK4/5 (AM)** **PK4/5 (PM)** **K** **1** **2** **3** **4** **5** **6** **7** **8**

Do you plan to continue at Trinity in the future? Yes No Unsure

**CHILD'S FULL NAME:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

**Name Child Goes By:** \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

Is Child (Circle One) right-handed or left-handed?

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

**Ethnic Background:** (Circle one) African-American Asian Hispanic Native American White Other \_\_\_\_\_

**Parental Status:** (Circle one) Married Divorced Unmarried Guardian Widow(er)

**With whom does the child live?** (Circle one) Mother Father Both Other \_\_\_\_\_

### DATA ON MOTHER

Mother's Name \_\_\_\_\_

Mother's Social Security # \_\_\_\_\_

Mother's Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church \_\_\_\_\_

Church Address \_\_\_\_\_

Church Status: Active Inactive

### DATA ON FATHER

Father's Name \_\_\_\_\_

Father's Social Security # \_\_\_\_\_

Father's Address \_\_\_\_\_

City, Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church \_\_\_\_\_

Church Address \_\_\_\_\_

Church Status: Active Inactive

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

### CHILD'S BACKGROUND

Child's Church \_\_\_\_\_ Denomination \_\_\_\_\_

Attends Sunday school? Yes No

Is your child baptized? Yes No

If baptized, where? \_\_\_\_\_ When (month/day/year) \_\_\_\_\_

**Identify any special health concerns/allergies about which we should be aware:** \_\_\_\_\_

**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 been enrolled in a special education class? Yes No

If yes, what was the reason for this placement? \_\_\_\_\_

**Will your child be riding the school bus?** Yes No (Bus service is for grades Kindergarten – eighth)

**Public School District** (Circle One): Cedar Rapids, College Community, Linn Mar, Marion, Other \_\_\_\_\_

**Public School Child Would Attend:** \_\_\_\_\_

**Name each school:** (Elementary) (Secondary) (High school)

Who is authorized to pick up your child? \_\_\_\_\_

**CHILD'S HEALTH** Insurance Carrier \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In an emergency, may we call the doctor? Yes No An ambulance? Yes No

**Emergency contact people** (other than parents):

Primary (name and phone) \_\_\_\_\_

Secondary (name and phone) \_\_\_\_\_

Hospital Preference (Circle One): Mercy St. Luke's Either One

Who may we thank for referring you to our school? \_\_\_\_\_

**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.*

[www.trinitycr.org/tls](http://www.trinitycr.org/tls)

Office Use- Application fee check #: \_\_\_\_\_ Letter sent: \_\_\_\_\_ Book fee paid: \_\_\_\_\_