



*"To Know Christ,  
To Make Christ Known  
Through Education"  
Since 1884*

# Trinity Lutheran School Application for Enrollment

Date of Application \_\_\_\_\_ For School Year 20 \_\_\_\_ - 20 \_\_\_\_

**ENTRY GRADE LEVEL** PK3/4 PK4/5 Alt. Kind  
(Circle one) K 1 2 3 4 5 6 7 8

**STUDENT'S NAME** \_\_\_\_\_  
Last First Middle Name

Name student goes by \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Street address \_\_\_\_\_ Home phone \_\_\_\_\_

City/state \_\_\_\_\_ Zip code \_\_\_\_\_

Student's church \_\_\_\_\_ Denomination \_\_\_\_\_

Is student baptized? Yes No If yes, date \_\_\_\_\_

Last school attended \_\_\_\_\_ Reason for transfer \_\_\_\_\_

State-Defined Ethnicity (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> African American         | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> American Indian          | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Asian                    | <input type="checkbox"/> Pacific Islander   |
| <input type="checkbox"/> Caucasian (non-Hispanic) |   |

**MOTHER'S NAME** \_\_\_\_\_ Employer \_\_\_\_\_

Address & phone (if different from above) \_\_\_\_\_

Work ph. \_\_\_\_\_ Cell ph. \_\_\_\_\_ Preferred e-mail \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Employer \_\_\_\_\_

Address & phone (if different from above) \_\_\_\_\_

Work ph. \_\_\_\_\_ Cell ph. \_\_\_\_\_ Preferred e-mail \_\_\_\_\_

Student lives with Mother Father Both Other \_\_\_\_\_

If parents do not live at same address, where should we mail information? Mother Father Both

To whom should we send our weekly newsletter? (Circle one) Mother Father Both No

## PARENT EMERGENCY MEDICAL CONSENT

This form allows parents and guardians to authorize the provision of emergency treatment for the below-name child who becomes ill or injured while under program authority when parents or guardians cannot be reached. In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician/dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME PH.	CELL PH.	WORK PH	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME PH.	CELL PH.	WORK PH	
EMERGENCY CONTACT PERSON(S)			
1. NAME		RELATIONSHIP TO CHILD	
HOME PH.	CELL PH.	WORK PH	
2. NAME		RELATIONSHIP TO CHILD	
HOME PH.	CELL PH.	WORK PH	
3. NAME		RELATIONSHIP TO CHILD	
HOME PH.	CELL PH.	WORK PH	
PERSONS AUTHORIZED TO PICK UP CHILD	ADDRESS	PHONE	
1.			
2.			
3.			
<b>Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in our care?</b>			
NAME		NAME	
PHYSICIAN NAME		DENTIST NAME	
PHONE		PHONE	
ADDRESS		ADDRESS	
HOSPITAL PREFERENCE			
KNOWN ALLERGIES		DATE OF LAST TETANUS	
PRESENT MEDICATION			
INSURANCE COMPANY		POLICY HOLDER ID	

This consent will be in effect for one year beginning (date) \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

WHO MAY WE THANK FOR REFERRING YOU TO TRINITY? \_\_\_\_\_

**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 based on 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 worshipping 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.*

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Return completed application with \$20 application fee by mail to:**

*Trinity Lutheran School Attn: Admissions  
1361 7<sup>th</sup> Ave SW, Cedar Rapids, IA 52404*

**Questions about the admission process? Contact us:**

*Jodi Jonasson, Development Director  
319-362-6952, Ext. 231  
JonassonJ@TrinityCR.org*

*Lisa Galvin, School Secretary  
319-362-6952, Ext. 227  
GalvinL@TrinityCR.org*

**Office Use-** Application Fee Pd Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Letter sent: \_\_\_\_\_  
Book Fee Paid Date: \_\_\_\_\_ Check # \_\_\_\_\_  
Contract \_\_\_\_\_ Database \_\_\_\_\_ Email list \_\_\_\_\_