



# Trinity Lutheran School

# Application For Enrollment

30888 C.R. 6, Elkhart, IN 46514 574.674.8800 office@trinityl.org

\*Application must be accompanied by:

A) Application Fee of \$50.00 K-8

B) A state-issued birth certificate

C) Student report card & records from previous school

|                      |  |             |  |   |
|----------------------|--|-------------|--|---|
| School Year<br>_____ | <b>Trinity Twos (age 2 by Aug. 1)</b><br>2 Half Day(T Th am) 2 Full Days(T Th)<br>5 Full Days                                | Grade Level | Kindergarten 5th Grade<br>1st Grade 6th Grade<br>2nd Grade 7th Grade<br>3rd Grade 8th Grade<br>4th Grade | <b>For office use only</b><br>Date Received _____<br><input type="checkbox"/> Approval<br><input type="checkbox"/> Enrollment Fees<br><input type="checkbox"/> Health Records<br><input type="checkbox"/> Student Records |
|                      | <b>Preschool (age 3 by Aug. 1)</b><br>2 1/2 Days(T,Th am) 2 1/2 Days w/LB(T Th am)<br>2 Full Days (T Th) 5 Full Days         |             |  |   |
|                      | <b>Pre-Kindergarten(age 4 by Aug. 1)</b><br>3 1/2 Days(M,W, F am) 3 1/2 Days w/LB(M,W, F)<br>3 Full Days (M,W,F) 5 Full Days |             |  |   |

## Student Information

|  |   |                           |                 |
|--|---|---------------------------|-----------------|
| First Name _____   | Sex   | Male                      | Female          |
| Middle Name _____  | Ethnicity (for school database purposes)            |                           |                 |
| Last Name _____  | Asian   | Black or African American |                 |
| Date of Birth _____  | Baptized  | Yes                       | No              |
| Baptism Date _____   | Biracial  | Hispanic                  | Native American |
| Primary Address _____  | White or Caucasian                                  | Other                     |                 |
| City _____ State _____ Zip Code _____  | <b>Student Resides with:</b> (check all that apply) |                           |                 |
| List any allergies or conditions we should be aware of (if all do not fit, please include a separate sheet)<br>_____ | Father/Mother                                       | Mother Only               |                 |
|  | Father Only   | Mother/Stepfather         |                 |
|  | Father/Stepmother                                   |                           |                 |
|  | Guardian  |                           |                 |
|  | (relationship to student)                           | _____                     |                 |

**Siblings:** (please list the names and birth dates of brothers and sisters)

|            |                  |                      |            |                  |                      |
|------------|------------------|----------------------|------------|------------------|----------------------|
| Name _____ | Birth date _____ | Current School _____ | Name _____ | Birth date _____ | Current School _____ |
| Name _____ | Birth date _____ | Current School _____ | Name _____ | Birth date _____ | Current School _____ |

## Parent Information

|   |                                  |
|---|----------------------------------|
| Father/Guardian's Name _____            | Mother/Guardian's Name _____     |
| Email Address _____                     | Email Address _____              |
| Address _____                           | Address _____                    |
| Primary Phone _____                     | Primary Phone _____              |
| Cell Phone(if different) _____          | Cell Phone(if different) _____   |
| Employer _____                          | Employer _____                   |
| Position _____                          | Position _____                   |
| Work Phone _____                        | Work Phone _____                 |
| Present/Active Church Membership Yes No | Present/Active Church Membership |

|  |   |  |   |
|--|---|--|---|
| <b>Marital Status:</b><br>Married<br>Divorced<br>Remarried<br>Separated<br>Widow<br>Single | <b>Responsible For:</b><br>School Decisions<br>Yes No<br>School Communication<br>Yes No<br>Financial Bills<br>Yes No<br>Has Custody<br>Yes No | <b>Marital Status:</b><br>Married<br>Divorced<br>Remarried<br>Separated<br>Widow<br>Single | <b>Responsible For:</b><br>School Decisions<br>Yes No<br>School Communication<br>Yes No<br>Financial Bills<br>Yes No<br>Has Custody<br>Yes No |
|--|---|--|---|

## Academic Information *(if applying for Preschool, Please Continue with next section)*

Name of public school corporation your child would be eligible to attend:

Has your student ever been dismissed, withdrawn, suspended, expelled, proceedings begun to suspend or expel, or refused admission to another institution? *(if "yes" please explain)*

Name of public school building your child would be eligible to attend:

Account for all previous schools attended *(if more than two, please include on separate sheet of paper):*

1.)

School Name \_\_\_\_\_ District or Corporation number \_\_\_\_\_

Address \_\_\_\_\_

Principal's Name \_\_\_\_\_ School phone # \_\_\_\_\_ Grades attended \_\_\_\_\_

2.)

School Name \_\_\_\_\_ District or Corporation number \_\_\_\_\_

Address \_\_\_\_\_

Principal's Name \_\_\_\_\_ School phone # \_\_\_\_\_ Grades attended \_\_\_\_\_

Has your student ever been double promoted to, or repeated a grade? *(if "yes" which grade)*

Has your student ever been tested for an Individual Education Plan (IEP), 504, or any other modified special education plan? *(If "yes" please indicate reason and primary and secondary exceptionality)*

Does your student have any specific academic needs? *(i.e. reading, speech, vision, ADD, gifted, etc.)*

Reason for leaving previous/current school:

## Additional Informational

Please indicate why you are applying for admission to Trinity:

How did you first learn about Trinity?

Current Member of Trinity

Currently enrolled sibling

Trinity's Website

Social Media Ad

Physical Location

Alumni

Friend \_\_\_\_\_

Other \_\_\_\_\_

What are your goals for your student, and how do you expect Trinity to help achieve these?

Do you plan to apply for financial assistance *(including but not limited to SGO, School Choice or Trinity Scholarship)?*    Yes    No    *(An application form can be found in the office or online).*

## Agreement

- Tuition and fees will be paid as billed (payment due on the 15th of the month). Students with delinquent tuition may be withheld from class until payment is current.
- Student's grades, credits, and transcripts will not be released until all applicable tuition and fees are paid.
- In the event of withdrawal or dismissal, all fees are non-refundable and tuition will be charged through the end of the month. Any prepaid tuition will be refunded on graduated basis. The application fee is non-refundable.

**Your signature is acceptance of full financial responsibility**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Trinity Lutheran School admits students of any race, color, or national ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students. Trinity does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic and other administered programs.*