

Application for New Student Enrollment



A non-refundable application fee of \$200 (Kindergarten – 8th Grade) or \$100 (Early Childhood) is due with this form.

STUDENT INFORMATION

Male

Student's Last Name _____ First _____ Middle _____

Female

Student's Shirt Size (circle one) YXS YS YM YL YXL S M L XL XXL

Program/Grade Entering (circle one) 2 year old* 3 year old* 4 year old* Pre-Kindergarten*

Kindergarten 1 2 3 4 5 6 7 8

*Please check one box and circle your preferred days (if applicable):
 Mornings – 5 days/week Full Day – 5 days/week
 Mornings – 3 days/week (M T W R F) Full Day – 3 days/week (M T W R F) Full Day – 4 days/week (M T W R F)

Birthday (mo/day/yr) _____ City/State of Birth _____ Baptism Date (mo/day/yr) _____

Student Ethnicity White African American Hispanic Multi-Ethnic Other _____

Allergies/Health Concerns _____
 Please attach allergy/health statement or instructions, if necessary.

With whom does the student live? _____

<i>For Office Use Only</i>	
Date of application _____	Shirt given _____
Fee received on _____	Check # _____

BIOLOGICAL FATHER'S INFORMATION

Father's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

BIOLOGICAL MOTHER'S INFORMATION

Mother's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

Please complete the reverse side.

CHURCH CAMPUS 220 S. Second Street
 217.787.2323 Springfield, IL 62701

SCHOOL CAMPUS 515 S. MacArthur Blvd.
 217.787.2323 Springfield, IL 62704

Our Vision
 We connect people to the
 Triune God.

TRINITY-LUTHERAN.COM

Our Mission
 We promote the spiritual, emotional, educational and
 physical development of our students and their
 families.

Application for New Enrollment (cont.)

ADDITIONAL EMERGENCY CONTACT/PICK-UP INFORMATION

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone # _____ Cell # _____	Home Phone # _____ Cell # _____
Work Phone # _____	Work Phone # _____
Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Home Phone # _____ Cell # _____	Home Phone # _____ Cell # _____
Work Phone # _____	Work Phone # _____

PREVIOUS SCHOOL INFORMATION

In which Public School District does the student reside? _____

Most Recent School Attended _____

Address of Previous School _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Has the student been tested for any of the following? Please check appropriate boxes below:

Speech/Language Dyslexia Autism Other Learning Disabilities

Other testing or concerns: _____

SIBLING INFORMATION

Name _____ Age _____	Name _____ Age _____
Name _____ Age _____	Name _____ Age _____

PARENTS (GUARDIANS) OF ALL STUDENTS

I (we), the undersigned, agree to support all school rules and regulations as outlined in the Parent/Student Handbook located on the school website and make required tuition payments. I (we) understand that acceptance is based on probationary status for two full grading periods. (Probation ceases automatically unless prior notice is given.) I (we) grant permission for my (our) child(ren) to be included in any photos the school may use for promotional purposes. (Names will not be used with pictures on websites or external promotions.)

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

Does your family plan to apply for tuition assistance? Yes No

How did you hear about Trinity Lutheran School? _____

Does your family regularly worship at a church? Yes No Location _____