



Trinity Lutheran School

Current Student Application 2018-2019

Pre-K—Grade 8 Grade 9 – 12 High School Pilot Program

GENERAL STUDENT INFORMATION

Student Name: (First) _____ (Middle) _____ (Last) _____ __Male __Female

Grade (please circle): Pre-K ½ Day K Full Day K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Date of Birth: ____/____/____ Public School your child would attend: _____

Student Name: (First) _____ (Middle) _____ (Last) _____ __Male __Female

Grade (please circle): Pre-K ½ Day K Full Day K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Date of Birth: ____/____/____ Public School your child would attend: _____

Student Name: (First) _____ (Middle) _____ (Last) _____ __Male __Female

Grade (please circle): Pre-K ½ Day K Full Day K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Date of Birth: ____/____/____ Public School your child would attend: _____

Student Name: (First) _____ (Middle) _____ (Last) _____ __Male __Female

Grade (please circle): Pre-K ½ Day K Full Day K 1st 2nd 3rd 4th 5th 6th 7th 8th

Date of Birth: ____/____/____ Public School your child would attend: _____

If applying for KINDERGARTEN...
(NOTE: must be 5 years old by September 10th)
Please Circle Class Option:

Kindergarten Preference: MORNING 8:10 - 11:10
FULL-DAY 8:10 – 3:30

If applying for Pre-K...
(NOTE: must be 4 years old by September 10th)
Please Circle Class Option:

Red Group: Monday, Wednesday & Friday 8:10 – 11:10
Green Group: Tuesday & Thursday 8:10–11:10 Wednesday 12:15 – 3:15
Blue Group: Tuesday, Thursday & Friday 12:15 – 3:15

FAMILY BIOGRAPHICAL INFORMATION

(All information must be complete)

Child(ren) lives with (check one): Both Parents ____ Father ____ Mother ____ Other ____

Father's Name _____ Mother's Name _____

Father's Address _____ Mother's Address _____

Father's Occupation: _____ Mother's Occupation: _____

Father's Place of Work _____ Mother's Place of Work _____

Work Phone: _____ Cell Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Family Status: __Married __Separated __Divorced __Re-Married __Widow/er __Single Parent

STUDENT EMERGENCY CONTACT & HEALTH INFORMATION

(All information must be complete)

If your child is injured or ill at school and parent(s) are not available, the school is authorized to contact (name other than parent(s):

Name _____ Cell Phone: _____ Work Phone: _____

Name _____ Cell Phone: _____ Work Phone: _____

Family Physician _____ Office Phone: _____

Do you attend church? Yes No Church Name: _____ Denomination: _____

If not a member of Trinity Lutheran Church, would you like to be contacted when "New Member" classes are scheduled? Yes No

Do you give Trinity Lutheran School permission to use your child's photograph in any future publication, newsletter, marketing tool, school website, video, Facebook or other related school material? Yes No

Non-Discrimination Policy Trinity Lutheran School does not discriminate in any manner contrary to law or justice on the basis of race, color, gender, sexual orientation, age, religion, disability, veteran 's status or national origin in its educational programs or activities, including employment and admissions. At the same time, Trinity Lutheran School cherishes its right and duty to seek and retain a student body and personnel who will make a positive contribution to its religious character, goals, and mission in order to enhance the Lutheran, Christian tradition.

Trinity Lutheran School Parents' Pledge

I promise to encourage obedience to the rules of the school and foster an attitude of respect for the Christian culture and life, which are maintained at Trinity Lutheran School. I promise to abide by the school's disciplinary policy. I agree to conform to the requirements of the school in regard to the dress code and personal grooming. I will support the administration in maintaining the decorum of the school with respect to my children. I will promote unity between home and school. If I have a concern, I will address the concern in the spirit of Matthew 18, by going to the persons most directly involved in the conflict. I give TLS permission to request behavior and academic references from any prior schools my child(ren) attended. I release said references from liability for information released. I have carefully read and understand the rules for enrollment, and do agree to comply with all terms and regulations.

The parties to this agreement believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity and with Biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement, including statutory claims, shall be settled by biblically based mediation. TLS' School Board reserves the right to limit the enrollment of pupils at TLS per the admission policies. All new students are placed **on** academic and conduct probation for a period of one (1) semester. At the end of the first semester, the administration may extend the length of the probationary period.

I understand that should I default on my payment of my account and collection agency services are required, all costs of collection including attorney fees will be added to the balance of my account.

I have read this pledge and agree to abide by the above statements. I certify that I have not knowingly falsified any information in this application.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____