



# Trinity Lutheran School

## New Student Application • Preschool—Grade 8

### 2017-2018

#### GENERAL STUDENT INFORMATION

Student Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_ Baptized?  Yes  No Date: \_\_/\_\_/\_\_

School Previously Attended: \_\_\_\_\_ Public School your child would attend: \_\_\_\_\_

Grade (please circle): Preschool Kindergarten 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

<p><b>If applying for KINDERGARTEN...</b> (NOTE: applicants must be 5 years old by September 10<sup>th</sup>)</p> <p><b>Kindergarten Preference:</b> MORNING (8:20 a.m. - 11:20 pm)                  (please check only one) AFTERNOON (12:15 a.m. - 3:15 p.m.)</p> <p>Will this be the student's <b>first year</b> of kindergarten? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>If applying for PRESCHOOL:</b>                  (NOTE: must be 4 years old by September 10<sup>th</sup>)</p> <p><b>Please Circle Class Option:</b></p> <p><b>Red Group:</b> Monday, Wednesday &amp; Friday 8:20 – 11:20</p> <p><b>Green Group:</b> Tuesday &amp; Thursday 8:20–11:20 Wednesday 12:15 – 3:15</p> <p><b>Blue Group:</b> Tuesday, Thursday &amp; Friday 12:15 – 3:15</p>
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#### FAMILY INFORMATION

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

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

Members or ID Attendees of...

Church Name: \_\_\_\_\_ Denomination: \_\_\_\_\_

Will attend Church & Sunday School at: \_\_\_\_\_

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

Please list the siblings of the applicant:

NAME	AGE	17-18 GRADE	SCHOOL

**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.

ACADEMIC BACKGROUND

Last school attended: \_\_\_\_\_  
*(if applicable)* Name City, State

Reason for leaving: \_\_\_\_\_ Has student repeated a grade?  Yes  No if yes, which grade? \_\_\_\_\_

Has your child ever been evaluated for:  Learning Differences  Behavioral Issues  Hearing Problems  
 Psychiatric/Psychosocial Problems  Vision Problems  IQ

*Please explain on a separate piece of paper any items you have checked, and attach any test results or IEPs*

Have there been any situations in the child's life which the school should know about in order to meet his or her learning or developmental needs (e.g. absence of parent, frequent moves, death in family, foster care, divorce, etc.)? \_\_\_\_\_

Has your child ever been subject to suspension or expulsion in school?  Yes  No  
If yes, please explain: \_\_\_\_\_

Please indicate any health, physical handicap, learning disability and/or emotional concerns of which the school should be aware: \_\_\_\_\_

Academic strengths? \_\_\_\_\_ Academic weaknesses? \_\_\_\_\_

Extra and co-curricular interests, achievements, musical instruments, etc.: \_\_\_\_\_

Check the factors most influencing you to apply at TLS:

Christian philosophy/environment  Desire to attend a private school  Displeasure with present school  
 Academic reputation  Recommendation of a TLS Family  Location  Co-curricular programming  
 Other: \_\_\_\_\_

How did you hear about TLS?  Being a member of the Lutheran church  Attended TLS preschool  
 Newspaper/Magazine  Radio  TLS family: \_\_\_\_\_  Other: \_\_\_\_\_

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

**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: \_\_\_\_\_