

PLEASE NOTE:

Please fill out a separate application for each child. A registration fee must accompany each application. Thank you.

Trinity Lutheran School
824 Wisconsin Avenue
Sheboygan, WI 53081
(920) 458-8248
www.trinitysheboygan.org

2012-2013 APPLICATION FOR ADMISSION
ENROLLMENT FORM
TRINITY LUTHERAN SCHOOL

Student _____
Last First Middle

Father/Mother _____
Last Father Mother

Address _____

City, State, Zip _____ Home Phone _____

Father Cell Phone # _____ Father Email Address _____

Mother Cell Phone # _____ Mother Email Address _____

Grade Entering: 3K 4K 5K 1 2 3 4 5 6 7 8 (circle one) Referred by _____

I plan on using Extended Care for my 3K, 4K, or 5K student, 7:00am-5:30pm: _____ Yes _____ No

Student lives with: Father Mother Guardian Both Parents Step-father Step-mother Grandparent
(circle all that apply)

If parent mailings should be sent to an address in addition to the one listed above, please list the additional name and address:
Name _____ Address _____
City, State, Zip _____ Phone _____

Birth date _____ Sex _____ Baptism Date _____

Home Congregation _____ Pastor's Name _____

Denomination _____ Phone _____

Father's Employer _____ Wk Phone _____

Mother's Employer _____ Wk Phone _____

If parents are divorced or unmarried, are there any court restrictions placed on parental rights?
_____ yes _____ no If yes, please explain: _____

Emergency Contacts if parents cannot be reached (in order of attempt):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Doctor _____ Phone _____ Hospital Preference _____

May we publish your home address and phone number in a school directory? _____ Yes _____ No

May we publish your email address in a school directory? _____ Yes _____ No

Does your child have any special education needs? ____ yes ____ no If yes, please explain:

Does your child have any physical needs or health limitations? ____ yes ____ no If yes, please explain:

Does your child have any emotional or psychological needs that are currently being cared for by a professional?
____ yes ____ no If yes, please explain: _____

Does your child need any special prescription medications? ____ yes ____ no If yes, please explain:

Dismissal Procedure: ____ Bus ____ Walk ____ Car Pool ____ Picked up by Parent ____ Other – explain:

The school has my permission, in an emergency, when I (or my physician) cannot be contacted to contact another doctor or take my child to the emergency room, or contact the Police Department.

MISSION STATEMENT OF TRINITY LUTHERAN CHURCH: “Making Known the Love of Christ” (Adopted 6/08)

PURPOSE STATEMENT OF TRINITY LUTHERAN SCHOOL: “Trinity Lutheran School equips God’s children to grow spiritually and academically with Christ as the focus.”

TRINITY LUTHERAN SCHOOL admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship, and loan programs and athletic and other school administered programs.

TUITION AND FEE INFORMATION

A Registration Fee is paid for EACH student.

Non-refundable Registration Fee: \$50.00

Tuition Amounts:

3K Program - \$810.00

4K Program - \$1,070.00

5K-Grade 8 (Trinity Church Member) - \$1,270.00; 5K-Grade 8 (Community Member) - \$2,150.00

~ Referral Incentive Program: Families will receive a \$100 credit on their Tuition for the 2012-2013 school year if a referred child is enrolled and attends Trinity Lutheran School for the 2012-2013 school year. A family may receive more than one credit. Please encourage other families to become part of our Trinity school family.

I, the undersigned parent or guardian, for and in consideration of Trinity Lutheran School accepting my son/daughter/ward as a student in its school, agree to make all payments for tuition and other necessary and normal charges in accordance with schedules for payment provided. I agree and understand that unless all payments are current, no transcripts regarding our child will be issued. The signature below testify to the fact that there is awareness and support of all policies found in the Student/Parent Handbook.

Parent/Guardian

Date

For Office Use Only:

Registration Received: Date _____ Payment Amount _____ Check/Cash _____

Form Edited 1/24/2012 Received by _____ Computer Entry _____