

TRINITY EVANGELICAL LUTHERAN CHURCH SCHOOL

APPLICATION FOR ADMISSION

THIS APPLICATION MUST BE FILLED OUT COMPLETELY, SIGNED AND RETURNED TO THE SCHOOL OFFICE WITH THE NON-REFUNDABLE APPLICATION FEE.

GRADE APPLYING FOR _____ ACADEMIC YEAR _____ DATE _____

NAME OF STUDENT _____ PREFERRED NAME _____

SOCIAL SECURITY # _____ AGE _____ D O B _____ MALE () FEMALE ()
(mm/dd/yy)

APPLICANT'S ADDRESS _____
Street

_____ City _____ State _____ Zip _____

HOME PHONE# _____ CHURCH MEMBERSHIP: _____

NAME OF PREVIOUS SCHOOL & ADDRESS (If applicable) _____

(New K – 5th Grade Students enrollment will be contingent upon review of transcripts from child's previous school)

HAS THIS CHILD EVER BEEN RETAINED AT ANY GRADE? () YES () NO – GRADE RETAINED: _____

ANY PHYSICAL/EMOTIONAL CONDITIONS, LEARNING DISORDERS/DISABILITIES OR MEDICATIONS THAT WILL AFFECT CLASSROOM PERFORMANCE? () YES () NO EXPLAIN: _____

FATHER/GUARDIAN _____ SOCIAL SECURITY # _____
(REQUIRED)

ADDRESS (if different from student) _____
Street City State Zip

PLACE OF EMPLOYMENT _____ WORK # _____

CHURCH MEMBERSHIP: _____

MARITAL STATUS: (CHECK ONE)
() Married () Separated () Divorced () Single () Remarried – Name of Spouse: _____

MOTHER/GUARDIAN _____ SOCIAL SECURITY # _____
(REQUIRED)

ADDRESS (if different from student) _____
Street City State Zip

PLACE OF EMPLOYMENT _____ WORK # _____

CHURCH MEMBERSHIP: _____

MARITAL STATUS: (CHECK ONE)
() Married () Separated () Divorced () Single () Remarried – Name of Spouse: _____

STUDENT LIVES WITH () Both Father & Mother () Father () Mother () Other Please Explain _____

CONTRACT WILL BE ISSUED TO STUDENT'S LEGAL GUARDIAN.

NAME OF LEGAL GUARDIAN _____

IF TUITION PAYMENTS ARE TO BE HANDLED BY ANOTHER PARTY, PLEASE INDICATE BELOW

NAME _____ ADDRESS _____

RELATIONSHIP TO STUDENT _____

HOW LONG DO YOU INTEND FOR YOUR CHILD TO REMAIN AT TRINITY LUTHERAN? _____

HOW DID YOU HEAR ABOUT TRINITY LUTHERAN? () Church _____ () Current Family _____

() Newspaper () Website () Sign () Event () Other _____

OTHER CHILDREN IN FAMILY

(1) _____ AGE _____ (2) _____ AGE _____ (3) _____ AGE _____

WE AGREE TO PAY OUR TUITION IN THE MANNER INDICATED:

- 1. _____ One lump-sum payment of the entire amount due on or before July 1, 2010.
- 2. _____ Two equal installment payments due on or before July 1, 2010 and December 1, 2011.
- 3. _____ Ten equal monthly installments payable by automatic withdrawal to SMART Tuition Management Services, beginning July 2010 and ending April 2011.

CONDITIONS OF ENROLLMENT ENFORCEMENT

I understand that enrollment and this agreement cannot become effective until ALL REQUIRED forms have been completed and submitted, INCLUDING SMART tuition forms, and that ALL REQUIRED fees have been paid.

I understand that all enrollments are for one year only, that students must be re-enrolled each year, and that continuation at Trinity Lutheran School depends upon parents' and students' willingness to comply with scholastic standards, disciplinary measures, and responsible citizenship.

IN WITNESS WHEREOF, I have executed this application for enrollment.

DATE: _____ SIGNATURE: _____
PARENT OR LEGAL GUARDIAN

*****FOR OFFICE USE ONLY*****

DATE RECEIVED _____ REGISTRATION FEE CHECK # _____ SMART _____

CONTRACT SENT _____ CONTRACT RETURNED _____ REQUESTED RETURN DATE _____

EXTENDED CARE ENROLLMENT _____ REGISTRATION FEE CHECK # _____

DISCOUNTS: EARLY ENROLLMENT _____ MULTI. CHILD _____ CHURCH MEM. _____

SCHOLARSHIP: _____ AMOUNT: _____

NOTES :

