



Trinity Lutheran School

APPLICATION FOR ADMISSION

When completed, this form can be turned in to the office at Trinity Lutheran School or mailed to: Trinity Lutheran School - 800 Augustine St - Kaukauna, WI 54130

A \$50 nonrefundable deposit is required for each student.

STUDENT INFORMATION

Date _____

Student's Name (first, middle, last) _____

Date of Birth _____

Male Female

Present School _____

City/State _____

Applying for Session (mark only one):

Applying for School Year _____

3K (2-day) 3K (5-day)

4K (3-day) 4K (5-day)

Current Grade Level (if applicable) _____

5K (half day) 5K (full day)

PARENT/GUARDIAN INFORMATION

Father/Guardian's Name _____

Mother/Guardian's Name _____

Telephone _____

Email Address _____

Address _____

City, State, Zip _____

Father's Occupation _____

Employed by _____

Business Telephone _____

Ext _____

Mother's Occupation _____

Employed by _____

Business Telephone _____

Ext. _____

If parents are divorced or separated, to whom should admissions correspondence be sent?

Father Mother Both

With whom does the child reside?

Father Mother Both

If you wish correspondence to be sent to an address other than the above, please indicate here: yes

Address, City, State, Zip _____

CHURCH INFORMATION

Name of church currently attending _____

Are you members of your church?

Yes No

Do you regularly attend church?

Yes No

Would you like a home visit from one of our Pastors?

Yes No

Is your child baptized?

Yes No

Does your child regularly attend church?

Yes No

Does your child regularly attend Sunday School?

Yes No

Are you interested in attending classes which explain the teachings of Trinity Lutheran Church? Yes No

ACADEMIC INFORMATION

Has your child ever had problems in a group setting with regard to (check all that apply): Social Adjustment Discipline Academics Other

Please explain: _____

Do you agree to supervise your child's homework and see to it that assignments are completed on a regular basis? Yes No

REASONS FOR ENROLLING

Why do you wish to enroll your child in Trinity Lutheran School?

PARENT SIGNATURES

I hereby declare that, to the best of my knowledge and belief, the information given in this application is true and complete, and I have not withheld any medical, academic, behavioral, and/discipline issues. I understand that if my child has been expelled or referred for expulsion in a previous school, it is my obligation to inform the school upon applying for admittance. Failure to answer all questions honestly could not only be detrimental to your student and others, but also grounds for dismissal from school. I agree to pay tuition fees in a timely manner and understand that not doing so may result in my child being unable to attend Trinity Lutheran School.

Father's signature

Date

Mother's signature

Date

SCHOOL STAFF INFORMATION *(office use only)*

School personnel comments:

Board of Christian Education comments, if applicable:

for office use:

date received _____

files requested _____

handbook reviewed _____

health record _____

registration paid _____