Trinity Lutheran School

APPLICATION FOR ADMISSION

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| 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 $75 nonrefundable deposit is required for each student.*** |
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| **STUDENT INFORMATION**Date Click or tap to enter a date. |
| Student’s Name First Name Middle Name Last Name  |
| Date of Birth Enter date here | Male [ ]  Female [ ]  |
| Present SchoolClick here | City/StateClick here | Applying for Session (mark one per section):3K [ ]  4K [ ] ----------------------------------------------------------Full day [ ] Half day [ ] ----------------------------------------------------------3 days (MWF) [ ] 5 days (M-F) [ ]  |
| Applying for School Year Click here |
| Current Grade Level (if applicable) Click here |
| **PARENT/GUARDIAN INFORMATION** |
| Father/Guardian’s NameClick here | TelephoneClick here | Email AddressClick here |
| Mother/Guardian’s NameClick here | TelephoneClick here | Email AddressClick here |
| AddressClick here | City, State, ZipClick here |
| Father’s OccupationClick here | Employed byClick here | Business TelephonePhone NumberExtension  |
| Mother’s OccupationClick here | Employed byClick here | Business TelephonePhone NumberExtention |
| Marital Status: Married [ ]  Separated [ ]  Divorced [ ]  Other [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 be sent to an address other than the above, please indicate here: Yes [ ]  | Address, City, State, ZipClick here |

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| **CHURCH INFORMATION** |
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| Name of church currently attending Click hereAre you members of your church? Yes [ ]  No [ ] Do you regularly attend church? Yes [ ]  No [ ] Would you like a home visit from our Pastor? 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:Click here |
| **REASONS FOR ENROLLING** |
| Why do you wish to enroll your child in Trinity Lutheran School?Click hereHow did you hear about us? Click hereWill you need busing? (4K only) Yes [ ]  No [ ]  Maybe [ ]   |
| **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 personal comments: |