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 School  Click here | City/State  Click 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 Name  Click here | Telephone  Click here | | | | Email Address  Click here | |
| Mother/Guardian’s Name  Click here | Telephone  Click here | | | | Email Address  Click here | |
| Address  Click here | | | City, State, Zip  Click here | | | |
| Father’s Occupation  Click here | Employed by  Click here | | | | Business Telephone  Phone Number  Extension | |
| Mother’s Occupation  Click here | Employed by  Click here | | | | Business Telephone  Phone Number  Extention | |
| 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, Zip  Click here | | | | |

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| **CHURCH INFORMATION** |
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| Name of church currently attending  Click here  Are 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 here  How did you hear about us? Click here  Will 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: | | |