

NEW STUDENT ENROLLMENT APPLICATION

30888 C.R. 6 ■ Elkhart, IN 46514

574.674.8800 ■ fax 574.674.6410 ■ school@trinityl.org



Date received	Fees	Birth Certificate	Health Records	School Records

For Office Use Only

Student Information

Name

Last

First

Middle

Gender M/F

Birthdate

Baptism date

___ American Indian or Alaskan Native

___ Spanish-Surnamed American (Hispanic)

___ Caucasian

___ African-American

___ Asian/Pacific Islander

___ Multi-Racial

Circle class for which you are applying:

Building Blocks Preschool T/Th (age 3 by Sept. 1, 2009)

(circle preference)
Half Day-A.M. only or Full Day

Stepping Stones Preschool M/W/F (age 4 by Sept. 1, 2009)

Half Day-A.M. only or Full Day

Stepping Stones Preschool M-F (age 4 by Sept. 1, 2009)

Full Day

Kindergarten M-F (age 5 by Sept. 1, 2009)

Half Day-A.M. only or Full Day

Elementary or Middle School (circle grade) 1 2 3 4 5 6 7 8

Home Address _____ City, State/Zip _____

Home Phone _____ e-mail _____ *May we list these in the directory?* _____

Current School _____

If your child has received or is receiving any special services (tutoring, remediation, enrichment, speech therapy) please describe here.

Is there any concern regarding vision or hearing that would affect your child in the classroom?

Does your child have any physical concerns or limitations that would affect participation in activities?

Trinity Lutheran School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. Trinity Lutheran School does not discriminate in the administration of its educational policies, admissions policies, tuition assistance programs, athletic or other school-administered programs.

Family Information

Father's name _____

Mother's name _____

Address _____

Address _____

Home phone _____

Home phone _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work phone _____

Work phone _____

Present/active church membership

Present/active church membership

Marital status (check any that apply)

Marital status (check any that apply)

Married _____ Separated _____

Married _____ Separated _____

Divorced _____ Widower _____

Divorced _____ Widow _____

Remarried _____ Single _____

Remarried _____ Single _____

If the child does not live with both parents, please indicate who has custody and where the child resides:

Applicant's siblings:

Name _____ Current school _____ Birthdate _____

Name _____ Current school _____ Birthdate _____

Name _____ Current school _____ Birthdate _____

Why did you choose Trinity Lutheran School for your child? _____

How did you first learn about TLS? _____

Do you plan to apply for financial assistance? _____ (If yes, an application will be sent to you.)

- All current health records must be submitted to the school office before the student's first day of school.
- Physical examinations are required for students entering Kindergarten.
- Athletic physicals are required yearly for students participating in middle school sports (grades 7-8).
- Updated immunization records are required for all other grade levels.

Parent signature _____ Date _____