

Fee Paid _____ Date Receive _____
Immunization Record _____
Birth Certificate _____
Baptismal Cert/ Date _____
SSN # _____
Medical Record(K-8) _____

TRINITY LUTHERAN SCHOOL ENROLLMENT FORM
(PLEASE PRINT, BLUE OR BLACK INK)

Date _____

ENROLLMENT LEVEL: PRE-K _____ KINDERGARTEN _____ GRADE _____

Child's full name _____

Name child goes by _____ Sex _____ Date of Birth _____

Race _____ Child belongs to (name of Church) _____

Baptismal Date _____

How did you hear of Trinity Lutheran School _____

INFORMATON ON DAD

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Occupation _____

Work Phone _____ Employer _____

Cell Phone _____ Church Membership _____

E-Mail _____

INFORMATION ON MOM

Name _____ Address _____ City _____ Zip _____

Home Phone _____ Occupation _____

Work Phone _____ Employer _____

Cell Phone _____ Church Membership _____

E-Mail _____

Are the parents: _____ married _____ Separated _____ Divorced _____ Single Parent

If separated or unmarried, who has custody? _____

Of what custody arrangement do we need to be aware of _____

If different from above, give name, address and telephone number of the other parent _____

Please attach a copy of the appropriate section of the custody papers.

Does/did child attend Trinity Pre-Kindergarten? _____

Does/did child attend a daycare? _____ Which one? _____

Person bringing child to school _____ Relationship _____

Person picking up child from school _____ Relationship _____

PLEASE ANSWER – Public school your child would attend _____

Is child transferring from another school? ____ School name _____

If yes,, please give reason _____

Names of brothers and sisters

Date of Birth

full/half/step/foster

_____	_____	_____
_____	_____	_____
_____	_____	_____

Other information about your child (asthma, speech difficulties, allergic to food or milk, physical problems with eyes, ears, body, etc

Has your child been diagnosed with any educational or emotional difficulties which might impact his/her education?

In case of emergency, whom should we call if PARENTS CANNOT BE REACHED?

Name _____ Name _____

Relationship _____ Relationship _____

Phone _____ Relationship _____

Name of person completing this form _____

Relationship to child _____ **Date of signature** _____

Approval decision _____

Notes: