



Application For Enrollment

30888 C.R. 6, Elkhart, IN 46514 574.674.8800 office@trinityl.org

Registration Fees: *Check here if paid online*
 Preschool - 2-3 Half/Full Days \$145
 Preschool - 4-5 Half/Full Days \$220
 Grades K-8 \$220

School Year _____	Trinity Twos (age 2 by Aug. 1) 2 Half Day(T Th am) 2 Full Days(T Th) 5 Full Days	Grade Level	Kindergarten 5th Grade 1st Grade 6th Grade 2nd Grade 7th Grade 3rd Grade 8th Grade 4th Grade	For office use only Date Received _____ <input type="checkbox"/> Approval <input type="checkbox"/> Enrollment Fees <input type="checkbox"/> Health Records <input type="checkbox"/> Student Records
	Preschool (age 3 by Aug. 1) 2 1/2 Days(T,Th am) 2 1/2 Days w/LB(T Th am) 2 Full Days (T Th) 5 Full Days			
	Pre-Kindergarten(age 4 by Aug. 1) 3 1/2 Days(M,W, F am) 3 1/2 Days w/LB(M,W, F) 3 Full Days (M,W,F) 5 Full Days			

Student Information

First Name _____ Sex Male Female
 Middle Name _____ Ethnicity (for school database purposes)
 Last Name _____ Asian Black or African American
 Date of Birth _____ Baptized Yes No Biracial Hispanic Native American
 Baptism Date _____ White or Caucasian Other
 Primary Address _____ Student Resides with: (check all that apply)
 City _____ State _____ Zip Code _____ Father/Mother Mother Only
 Father Only Mother/Stepfather
 Father/Stepmother
 Guardian
 (relationship to student) _____
 List any allergies or conditions we should be aware of (if all do not fit, please include a separate sheet)

Siblings: (please list the names and birth dates of brothers and sisters)

Name	Birth date	Current School	Name	Birth date	Current School
Name	Birth date	Current School	Name	Birth date	Current School

Parent Information

Father/Guardian's Name _____	Mother/Guardian's Name _____
Email Address _____	Email Address _____
Address _____	Address _____
Primary Phone _____	Primary Phone _____
Cell Phone(if different) _____	Cell Phone(if different) _____
Employer _____	Employer _____
Position _____	Position _____
Work Phone _____	Work Phone _____
Present/Active Church Membership Yes No	Present/Active Church Membership
Church _____	

Marital Status: Married Divorced Remarried Separated Widow Single	Responsible For: School Decisions Yes No School Communication Yes No Financial Bills Yes No Has Custody Yes No	Marital Status: Married Divorced Remarried Separated Widow Single	Responsible For School Decisions Yes No School Communication Yes No Financial Bills Yes No Has Custody Yes No
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Academic Information *(if applying for Preschool, Please Continue with next section)*

Name of public school corporation your child would be eligible to attend:

Name of public school building your child would be eligible to attend:

Account for all previous schools attended *(if more than two, please include on separate sheet of paper):*

1.)

School Name _____ District or Corporation number _____

Address _____

Principal's Name _____ School phone # _____ Grades attended _____

2.)

School Name _____ District or Corporation number _____

Address _____

Principal's Name _____ School phone # _____ Grades attended _____

Reason for leaving previous/current school:

Has your student ever been dismissed, withdrawn, suspended, expelled, proceedings begun to suspend or expel, or refused admission to another institution? *(if "yes" please explain)*

Has your student ever been double promoted to, or repeated a grade? *(if "yes" which grade)*

Has your student ever been tested for an Individual Education Plan (IEP), 504, or any other modified special education plan? *(If "yes" please indicate reason and primary and secondary exceptionality)*

Does your student have any specific academic needs? *(i.e. reading, speech, vision, ADD, gifted, etc.)*

Additional Informational

Please indicate why you are applying for admission to Trinity:

How did you first learn about Trinity?

Current Member of Trinity

Currently enrolled sibling

Trinity's Website

Social Media Ad

Physical Location

Alumni

Friend _____

Other _____

**Application must be accompanied by:*

A) Application Fee of \$50.00 K-8

B) A state-issued birth certificate

C) Student report card & records from previous school

Do you plan to apply for financial assistance *(including but not limited to SGO, School Choice or Trinity Scholarship)*? Yes No *(An application form can be found in the office or online).*

Agreement

Tuition and fees will be paid as billed. Families with delinquent payments will be subject to the tuition policy outlined in the Tuition Payment Agreement Form.

Your signature is acceptance of full financial responsibility

Parent/Guardian Signature _____ Date _____

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