



Trinity Lutheran School

APPLICATION FOR ADMISSION

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.

STUDENT INFORMATION				Date
Student's Name				
First Name	Middle Name	Last Name		
Date of Birth			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Present School	City/State		Applying for Session (mark one per section):	
Applying for School Year			3K <input type="checkbox"/>	
Current Grade Level (if applicable)			4K <input type="checkbox"/>	

			Full day <input type="checkbox"/>	
			Half day <input type="checkbox"/>	

			3 days (MWF) <input type="checkbox"/>	
			5 days (M-F) <input type="checkbox"/>	
PARENT/GUARDIAN INFORMATION				
Father/Guardian's Name		Telephone		Email Address
Mother/Guardian's Name		Telephone		Email Address
Address			City, State, Zip	
Father's Occupation		Employed by		Business Telephone
Mother's Occupation		Employed by		Business Telephone
Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other <input type="checkbox"/> _____				
If parents are divorced or separated, to whom should admissions correspondence be sent?				With whom does the child reside?
Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/>				Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/>
If you wish correspondence be sent to an address other than the above, please indicate here: Yes <input type="checkbox"/>		Address, City, State, Zip		

CHURCH INFORMATION

Name of church currently attending

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?

How did you hear about us?

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:

