

TRINITY LUTHERAN SCHOOL
3812 229TH AVE. NW
ST. FRANCIS, MINNESOTA

ENROLLMENT FORM

TRINITY LUTHERAN SCHOOL admits students of any race, color, or ethnic origin.

Name of Parent/Guardian _____

Address: _____ Phone: _____
(Street number/ Route) (City) (Zip)

E-Mail Address _____

| <u>Student's Names:</u> | <u>Grade Entering</u> | <u>Baptized?</u> | <u>Date of Baptism</u> | <u>Date of Birth</u> |
|-------------------------|-----------------------|------------------|------------------------|----------------------|
| _____ | _____ | Yes No | _____ | _____ |
| _____ | _____ | Yes No | _____ | _____ |
| _____ | _____ | Yes No | _____ | _____ |
| _____ | _____ | Yes No | _____ | _____ |

Church Membership: _____ Pastor: _____

Address of Church: _____

If transferring from another school:

| <u>Student's Name</u> | <u>School</u> | <u>Address</u> | <u>City/Zip</u> |
|-----------------------|---------------|----------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Reason for transfer:

Please contact office with any changes

| Family Information: | <u>Father</u> | <u>Mother</u> |
|---------------------|---------------|---------------|
| Name: | _____ | _____ |
| Occupation: | _____ | _____ |
| Employer: | _____ | _____ |
| Address: | _____ | _____ |
| Phone: | _____ | _____ |
| Cell Phone: | _____ | _____ |

Does employer have a matching gift program () Yes () No

Does employer have a matching gift program () Yes () No

Is there any family situation of which the school should be aware? Yes ___ No ___

May your student(s) participate in school activities? Yes ___ No ___

Do you desire bus service? Yes ___ No ___

If parents cannot be contacted in an emergency, whom should the school notify?

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| #1. _____ | _____ | _____ |
| #2. _____ | _____ | _____ |

Family Physician: _____ Phone: _____

Hospital Preference: _____ Phone: _____

If parents or emergency person cannot be contacted, may the school contact the physician or Mercy Hospital in case of an emergency? ___

Does any student have a physical or health situation that the school should be aware of? Yes ___ No ___
If yes, explain.

Is any child on medication: ___ If so, what kind?

If child is on medication, please send a copy of the doctor's instructions if the medication needs to be administered at school.

Is there any medical record the school should know about? _____

Has any student been recommended for special education this year? _____

Has any student ever been enrolled in a special education class? _____
If yes, when and where?

EDUCATIONAL BACKGROUND

Answer Yes or No to the following questions. Has any student:

| | | | | | |
|---|------------------------------|-----------------------------|----------------------------------|------------------------------|-----------------------------|
| Repeated a Grade? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Received Tutoring? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participated in a Special Learning Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Currently on Medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Participated in a Gifted Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Received Special Honors/Awards? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced Learning Difficulties in Reading? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Experienced Discipline Problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Experienced Learning Difficulties in Math? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Ever Suspended? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please comment about any of your responses:

PARENT INVOLVEMENT

Your child will receive a much deeper, more fulfilling experience if you become involved in one or more aspects of the school and its programs. You are invited to indicate your interest in any of the following areas:

Write (F) for Father and (M) for Mother. Indicate (I) Interest or (E) Experience.

| | I | E | | I | E |
|------------------------|-----|-----|--------------------|-----|-----|
| Fundraising Committee | ___ | ___ | Athletics | ___ | ___ |
| Booster Club/CPL | ___ | ___ | Referee | ___ | ___ |
| Library Aide | ___ | ___ | Coach | ___ | ___ |
| Classroom Aide | ___ | ___ | Physical Education | ___ | ___ |
| Art, Drama, Music Aide | ___ | ___ | Computers | ___ | ___ |

Do you have any special financial or other resources or contacts that could benefit the school? Explain:

PHOTO AGREEMENT

I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, school web site, etc.

Parent's Printed Name

Parent's Signature

Date

School Directory Agreement

I grant permission for my and my child's name, address and phone number to be included in a parent directory that will be given to all class members, school staff and Christian Parent League (CPL).

Parent's Printed Name

Parent's Signature

Date

We, the parents (or guardians) have the parent handbook and have become acquainted with the philosophy, rules, and regulations of Trinity Lutheran School and agree with them. We pledge full support and cooperation to the staff of Trinity Lutheran School so that the home and school may work as a team and our child (ren) will grow spiritually and academically under guidance of our Heavenly Father.

Father's Signature:

Mother's Signature:

TRINITY LUTHERAN SCHOOL
ST. FRANCIS, MINNESOTA

PLACE AN "X" IN THE APPROPRIATE BOX BELOW

Applying for health aid allows Trinity School to receive health services from District #15.

I would like to apply for health services aid for school year 2010-2011

I do not wish to apply for health services aid for school year 2010-2011

Name of students:

Grade Entering:

Signature of Parent or Guardian: _____

Date: _____

TRINITY LUTHERAN SCHOOL
ST. FRANCIS, MINNESOTA

PLACE AN "X" IN THE APPROPRIATE BOX BELOW

Applying for textbook aid allows Trinity School to purchase some non-religious textbooks.

I would like to apply for textbooks and standardized test aid for school year 2010-2011

I do not wish to apply for textbooks and standardized test aid for school year 2010-2011

Name of students:

Grade Entering:

Signature of Parent or Guardian: _____

Date: _____