

TRINITY LUTHERAN SCHOOL  
3812 229<sup>TH</sup> AVE. NW  
ST. FRANCIS, MINNESOTA

ENROLLMENT FORM  
2011-2012

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:

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**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: \_\_\_\_\_

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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 2011-2012

I do not wish to apply for  
health services aid for  
school year 2011-2012

Name of students:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade Entering:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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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 2011-2012

I do not wish to apply for  
textbooks and standardized  
test aid for school year 2011-2012

Name of students:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Grade Entering:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_