

2018-2019 Application for New Enrollment



A non-refundable application fee of \$100 is due with this form.

STUDENT INFORMATION

Student's Last Name _____ First _____ Middle _____ Male
 Female

Grade Entering (circle one) Kindergarten 1 2 3 4 5 6 7 8

Birthday (mo/day/yr) _____ City/State of Birth _____ Baptism Date (mo/day/yr) _____

Student Ethnicity White African American Hispanic Multi-Ethnic Other _____

Allergies/Health Concerns _____

Please attach allergy/health statement or instructions, if necessary.

Has the student been tested for any of the following? Please check appropriate boxes below:

Speech/Language Dyslexia Autism Other Learning Disabilities

Other testing or concerns: _____

In which Public School District does the student reside? _____

With whom does the student live? _____

For Office Use Only

Date of application _____

Fee received on _____

Check # _____

Signature checked _____

BIOLOGICAL FATHER'S INFORMATION

Father's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

BIOLOGICAL MOTHER'S INFORMATION

Mother's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

SIBLING INFORMATION

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Please complete the reverse side.

CHURCH CAMPUS
217.522.8151

220 S. Second Street
Springfield, IL 62701

SCHOOL CAMPUS
217.787.2323

515 S. MacArthur Blvd.
Springfield, IL 62704

TRINITY-LUTHERAN.COM

2018-2019 Application for New Enrollment (cont.)

STEP-PARENT'S, GUARDIAN'S, OR OTHER CAREGIVER'S INFORMATION

Name _____	Name _____
Relationship to Student _____	Relationship to Student _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Email Address _____	Email Address _____
Home Phone # _____ Cell # _____	Home Phone # _____ Cell # _____
Work Phone # _____	Work Phone # _____
Employer/Occupation _____	Employer/Occupation _____
Church Home _____	Church Home _____
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married
Name of Spouse _____	Name of Spouse _____

PREVIOUS SCHOOL INFORMATION

Most Recent School Attended _____

Address of Previous School _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

PARENTS (GUARDIANS) OF 7TH/8TH GRADE STUDENTS

I (we) have read and discussed the Student Handbook with our 7th/8th grade student.

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

PARENTS (GUARDIANS) OF ALL STUDENTS

I (we), the undersigned, agree to support all school rules and regulations as outlined in the Parent/Student Handbook located on the school website, worship regularly with my child at a Christian Church, and make monthly tuition payments. I (we) understand that acceptance is based on probationary status for two full grading periods. (Probation ceases automatically unless prior notice is given.) I (we) grant permission for my child to be included in any photos the school may use for promotional purposes. (Names will not be used with pictures on websites or external promotions.)

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

How did you hear about Trinity School? _____