

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

ENROLLMENT FORM

2008-2009

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

Name of Parent/Guardian _____

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

<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
() No

Does employer have a matching gift program () Yes

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.	_____	
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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?	() Yes () No	Received Tutoring?	() Yes () No
Participated in a Special Learning Program?	() Yes () No	Currently on Medication?	() Yes () No
Participated in a Gifted Program?	() Yes () No	Received Special Honors/Awards?	() Yes () No
Experienced Learning Difficulties in Reading?	() Yes () No	Experienced Discipline Problems?	() Yes () No
Experienced Learning Difficulties in Math?	() Yes () No	Ever Suspended?	() Yes () No

Please Comment about any of your responses:

PARENT INVOLEMENT

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 2008-2009

I do not wish to apply for
health services aid for
school year 2008-2009

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 2008-2009

I do not wish to apply for
textbooks and standardized
test aid for school year 2008-2009

Name of students:

Grade Entering:

Signature of Parent or Guardian: _____

Date: _____