



315 Scott Street, Monroe, MI 48161 734-241-1160 FAX 734-241-6293

## Trinity Lutheran School Enrollment/Registration Form

### General Information

- Trinity Lutheran School is a ministry of Trinity Lutheran Church.
- It offers both spiritual and academic instruction to nurture and develop the whole child.
- Children seeking entrance for Kindergarten should be 5 years of age as of September 1 of the year they wish to enroll.
- A non-refundable enrollment fee of \$100 per student is payable at the time the application form is submitted. Please make all checks payable to Trinity Lutheran School.

### Enrollment Procedures

- Initial meeting & tour with admissions personnel principal, administrative assistant
- Application for enrollment received
- Assessment of student to ensure grade level performance
- Interview with principal
- Acceptance finalized with financial agreement

STUDENT INFORMATION	Child
First, Middle, Last Name	
Gender	
Date & place of birth	
Date & place of baptism	
Grade applying for	

Mark one or more boxes to include what you consider your student's race to be.

American Indian/Alaska Native     
  Asian     
  Black or African American  
 White or Caucasian     
  Hispanic or Latino     
  Hawaiian/Pacific Island

**\*I have provided Trinity with my child's birth certificate so they can make a copy for my child's school record.**

\_\_\_\_(Please initial)

FAMILY INFORMATION	Biological Father	Biological Mother	Other-(Adoptive or step parent, guardian)
First and Last Name			
Address			
Cell phone number			
Cell phone provider			
Email			
Employer name			
Occupation			
Work Phone			

Who is financially responsible for tuition and fees? \_\_\_\_\_

Student resides with (Please check):

Both Biological Parents
 Shared Custody
 Guardian

Biological Mother (only)
 Biological Father (only)
 Other \_\_\_\_\_

**Brother(s)/Sister(s)**

Name	Age	Grade	School

**FAMILY WORSHIP LIFE**

Church Name & City: \_\_\_\_\_ Pastor: \_\_\_\_\_

- Check one of the following:
- \_\_\_\_\_ The Lutheran Church/Missouri Synod
  - \_\_\_\_\_ Lutheran Church/Other Synod
  - \_\_\_\_\_ A Non-Lutheran Congregation
  - \_\_\_\_\_ No church membership at this time

**ADDITIONAL INFORMATION**

Briefly state the reason(s) why you wish your child to attend Trinity Lutheran School.

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How did you hear about our school? If you were referred to Trinity Lutheran School by someone, would you please identify the family name.

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Last school attended: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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Name of Public School District: \_\_\_\_\_

Does your child have any special educational or medical needs we should be aware of?      Yes       No

**MEDICAL INFORMATION**

Student's Name _____	
Doctor Name _____	Doctor Phone _____
Insurance Company _____	Policy # _____
Allergies _____	
Medical Conditions _____	
_____	
_____	
Medications _____	

**EMERGENCY/ALTERNATE CONTACTS****(please list in order of preferred contact INCLUDING parents)**

Name	Home Phone	Cell Phone	Relation to student

**Hearing and Vision Screening for enrolling Kindergarten students**

The State of Michigan requires a parent or guardian to present to school officials, at the time of registration or not later than the first day of school, a certificate of hearing and vision testing or screening. A statement, signed by a licensed eye care practitioner (optometrist or ophthalmologist) and/or medical/osteopathic physician, indicating that a child's eyes have been examined at least once after age three and before initial school entry may also be presented. **Your local health department offers this screening at no cost to families and children. Please call 734-240-7855 to schedule a screening time for your child.** The Monroe County Health Department will give you documentation after your child has been screened. Please bring that paperwork to the school office any time between now and the first day of school.

**Health Appraisal from Doctor**

The State of Michigan also requires a health appraisal from a physician for each child. The health appraisal form must be current. Health appraisals are only good for two years. Also all immunizations must be up-to-date before your child may start school. New state of Michigan law requires that **immunization waivers MUST be obtained from the Monroe County Health Department and brought to the school office before the first day of school.** You MUST call the Health Department (734-240-7855) for an appointment if you are intending to get a waiver. Please do this SOON!

Trinity Lutheran School admits students of any race, color national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships, athletics and other school administered programs.

**FINANCIAL AGREEMENT**

For admission of my child to Trinity Lutheran School, I agree to pay the established tuition charges and fees. I certify that the information given is complete and accurate. Further, I agree to fulfill all financial obligations and to adhere to the policies of Trinity Lutheran School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application & fee received on: \_\_\_\_\_

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

Interview with Principal: \_\_\_\_\_

Acceptance Notification: \_\_\_\_\_