

Trinity Lutheran School & Early Childhood Center

613 Court Street, St. Joseph, MI 49085

School Office Phone: 269 983-3056

Early Childhood Center Office Phone: 269 983-0040

www.discovertrinity.org

FOR OFFICE USE ONLY		
Date Rec'd _____	By: _____	
PS Reg. Fee: _____	Ck.# _____	Cash _____
CC Reg. Fee: _____	Ck.# _____	Cash _____
School Reg. Fee: _____	Ck.# _____	Cash _____

ENROLLMENT APPLICATION FORM

Today's Date: _____ For school year beginning August, _____

Student's Name: _____ Male _____ Female _____

School District Student Lives In _____ Ethnicity: _____

Grade/Class applying for (*Circle AM or PM Preference, * PM may be offered if enrollment warrants*)

<u>TRADITIONAL Preschool</u>	<u>Preschool PLUS Childcare</u>	<u>DAY SCHOOL K-8</u>
____ 3 Year Old AM / PM*	____ 3 Year Old PLUS Childcare	____ ½ Day Kindergarten
____ 4 Year Old AM / PM*	____ 4 Year Old PLUS Childcare	____ Full Day Kindergarten
____ Pre-K M-Th AM / PM*	____ Pre-K M-Th PLUS Childcare	____ First
____ Pre-K M-F AM / PM*	____ Pre-K M-F PLUS Childcare	____ Second
	____ SAC	____ Third

See attached form for details

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Okay to print phone number in our Parent/Student Directory? Y N

Date of Birth: ____/____/____ Place of Birth: _____

Custody with: _____ Conditions of Custody: _____

With whom does the student reside? Both _____ Mother _____ Father _____ Guardian (specify) _____

Are both birth parents living? Y N Is this child adopted? Y N Does the child know of adoption? Y N

Present School: _____ School Phone : _____

School Address: _____ City: _____ State: _____ Zip: _____

Does the child have any allergies? _____ Are these allergies life threatening? _____ Explain: _____

FAMILY INFORMATION-

Full Name of **Father**: _____ Marital Status: _____

Address (if different than above): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone : _____

Employer: _____ Occupation : _____ E-Mail _____

Full Name of **Mother**: _____ Marital Status: _____

Address (if different than above): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone : _____

Employer: _____ Occupation : _____ E-Mail _____

Names of Brothers and Sisters:

_____ Age ____ F __ M __ / _____ Age ____ F __ M __

_____ Age ____ F __ M __ / _____ Age ____ F __ M __

Has the applicant ever received professional counseling/testing (educational, personal, emotional)? Yes ____ No ____

If yes, please describe: _____

CHURCH AFFILIATION INFORMATION-

Father's Church Membership: _____ Denomination: _____

Mother's Church Membership: _____ Denomination: _____

Student's Church Membership: _____ Denomination: _____

Date of Child's Baptism: ____ / ____ Church: _____ City: _____

Would you like to talk to Pastor about baptism? Y N Anything else? Y N Describe: _____

PERSONAL REFERENCE-

Trinity Lutheran parents you know:

Family Names: _____

How did you hear about our school? ____ Referral ____ Advertisement ____ Flier ____ Other

Briefly describe your child's school experience – successes, difficulties, relationship with teachers and peers:

Why do you want to enroll your child at Trinity Lutheran School & ECC: _____

This application is not binding on the applicant nor upon the school. Trinity Lutheran School & ECC 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.

I affirm that all information on this form is true.

Signature of Parent or Guardian

_____/_____/_____
Date of Application