



**Trinity Lutheran School**  
 515 S. MacArthur Blvd. Springfield, IL 62704  
 217-787-2323 (office) 217-787-1145 (fax)  
 "Sharing Christ – Meeting Needs"  
**Application for 1st-8th Grade Enrollment**



**Student Information:**

Please respond carefully and completely. This information will help us understand your child. The following information will help us determine if Trinity will be a good match for your child.

*No single part or answer will automatically prevent your child from being accepted.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age of Student \_\_\_\_\_ Grade Entering \_\_\_\_\_ Sex: F \_\_\_ M \_\_\_  
Month/Day/Year

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Family's Address \_\_\_\_\_

Phone number to call regarding this application. \_\_\_\_\_

School last attended \_\_\_\_\_ Grade \_\_\_\_\_ Phone \_\_\_\_\_

Does your family regularly worship at church? Yes \_\_\_ No \_\_\_ Location \_\_\_\_\_

Does your child have any medical conditions (allergies, etc) that a teacher or school should be made aware of?  
 \_\_\_\_\_

Does your child have any diagnosed special education needs (IEP, SMP, 504) or has your child ever received any special education services? \_\_\_\_\_

How many days of school did your child miss last school year? \_\_\_\_\_

Has your child ever:

A) skipped a grade level? Yes/No      B) been suspended? Yes/No      C) retained? Yes/No

What grades did your child receive in the following subjects last term?

Reading \_\_\_\_\_ Math \_\_\_\_\_ Science \_\_\_\_\_  
 Social Studies \_\_\_\_\_ English \_\_\_\_\_ Physical Education \_\_\_\_\_

Reason for Applying: \_\_\_\_\_

- I/We give permission for Trinity Lutheran School to check with my child's current school regarding all of the information included in this application. Trinity reserves the right to ask a parent to withdraw a student whose application was falsely completed or contains information that was misrepresented.
- We also understand that all new students will be accepted on a probationary basis for two full grading periods. Probation ceases automatically at the end of the second full grading period, unless prior notification is given to the parent.
- **Photo Agreement: I grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, web page, promotions, etc. (Names will not be used with pictures on website.)**

\_\_\_\_\_  
*Signature of Parent/ Guardian*

\_\_\_\_\_  
*Date*

*For Office use only      Date*

Received Report Cards \_\_\_\_\_

Received Test Scores \_\_\_\_\_

Received IEP/SMP \_\_\_\_\_

Date of Acceptance \_\_\_\_\_

Acceptance Letter \_\_\_\_\_

**Please submit:**

- † Application fee (\$50.00) is due with the application.  
 Non-refundable (upon acceptance)
- † Copies of child's achievement test results and report cards.
- † Copy of child's IEP/SMP (if applicable).