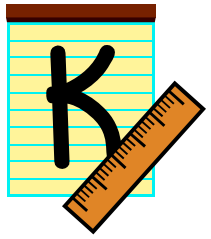




Trinity Lutheran School
 515 S. MacArthur Blvd. Springfield, IL 62704
 217-787-2323 (office) 217-787-1145 (fax)
“Sharing Christ –Meeting Needs”
Application for Kindergarten Enrollment



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 _____

Birthday _____ Sex: F ___ M ___ Will your child be 5 years old by September 1st? Yes/No
Month/Day/Year

We are applying for: ___ All day Kindergarten (8:00-2:50pm, M-F) ___ Morning program (8:00-11:30 am, M-F)

Mother's Name _____ Father's Name _____

Family's Address _____

Phone number to call regarding this application. _____

Is your child attending preschool program? Yes/No. If Yes, which one _____

Is your child attending a home daycare? Yes/No. If Yes, which one _____

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, or 504) or has your child ever received any special education services? _____

Reason for Applying: _____

- I/We give permission for Trinity Lutheran School to check with my child's current preschool 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 Preschool Evaluation Form	
		Received Copy of Birth Certificate	
		Received IEP/SMP	
		Date of Acceptance	
		Acceptance Letter	

Please submit:

- † Application fee (\$50.00) is due with the application.
Non-refundable (upon acceptance)
- † Parents should have a student evaluation form completed and submitted by the preschool or home day care provider.
- † Copy of student's Birth Certificate.