



**Trinity Lutheran School**  
**515 S. MacArthur Blvd**  
**Springfield, IL 62704**

*“Sharing Christ –Meeting Needs”*

**Application for Enrollment**

**Student Information:**

**(Please respond carefully and completely. This information will help us understand your child.)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male \_\_\_ Female\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month/Day/Year City State Zip

Grade Entering: K(1/2 Day) K (All Day) 1 2 3 4 5 6 7 8

Beginning when? \_\_\_\_\_

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

Complete Address \_\_\_\_\_  
Number and Street City State Zip

Public school district child resides in? \_\_\_\_\_

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

**Student Lives With:**

- \_\_\_ Mother & Father      \_\_\_ Mother      \_\_\_ Father  
 \_\_\_ Mother & Stepfather      \_\_\_ Father & Stepmother  
 \_\_\_ Grandparents      \_\_\_ Guardian

The following characteristics will help us better understand your child and allow staff to be alert to his/her needs. Please check those which best describe your child:

- |                |                     |                        |                          |
|----------------|---------------------|------------------------|--------------------------|
| ___ Worrisome  | ___ Self-confident  | ___ Enthusiastic       | ___ Self-conscious       |
| ___ Bold       | ___ Shy             | ___ Easily discouraged | ___ Sensitive            |
| ___ Easy going | ___ Insecure        | ___ Selfish            | ___ Indifferent          |
| ___ Daydreams  | ___ Temper outburst | ___ Quiet              | ___ Easily frustrated    |
| ___ Moody      | ___ Very active     | ___ Carefree           | ___ Short attention span |

**Reason For Applying:** \_\_\_\_\_

**Probation Period**

*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.*

## STUDENT INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Birthday \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month/Day/Year City State Zip

Date of Baptism \_\_\_\_\_ Church / Place of Baptism \_\_\_\_\_  
Month/Day/Year

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 has your child received any special education services? \_\_\_\_\_

## FAMILY INFORMATION

Father's Name _____	Mother's Name _____
Street _____	Street _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Home Phone # (____) _____	Home Phone # (____) _____
Cellular Phone # (____) _____	Cellular Phone # (____) _____
Work Phone # (____) _____ ext _____	Work Phone # (____) _____ ext _____
Church Membership _____ Denomination _____	Church Membership _____ Denomination _____
Employer _____ Occupation _____	Employer _____ Occupation _____

### Emergency Contacts for Students

Name _____	Name _____
Relationship _____	Relationship _____
Phone # (____) _____ (H)(C)(W)	Phone # (____) _____ (H)(C)(W)
Phone # (____) _____ (H)(C)(W)	Phone # (____) _____ (H)(C)(W)

For Office use only:

<b>Physical Exam Form</b>	
<b>Dental Exam</b>	
<b>Report Cards/ Grades</b>	
<b>Acceptance Letter</b>	
<b>Copy of Birth Certificate</b>	
<b>Date Accepted/Grade</b>	

Office Use Only:

Family is enrolling as  
 \_\_\_ Member of Trinity \_\_\_ Mission Status  
 \_\_\_ Nonmember \_\_\_ Sister Congregation

**Upon enrolling my child in Trinity Lutheran School, I agree to accept the following responsibilities:**

Spiritual Commitment

**“I love the house where you live, O Lord, the place where your glory dwells” Ps 26:8**

- 1) I thank God for the blessing of my child.
- 2) I will support my child’s Christian training at home with daily family devotions and an active prayer life.
- 3) I will personally lead my child in faithful and regular attendance at worship services.
- 4) I will honor the sacraments of Christ’ institution by being faithful and regular in the reception of the Lord’s Supper which is offered for our spiritual nourishment.

Educational Commitment **“ Train a child in the way he should go, and when he is old he will not turn away from it” Proverbs 22:6**

- 1) I will support my child’s development in the day school by setting a good parental example at home.
- 2) I will abide by the rules and policies of the school as set forth in the Parent Handbook.
- 3) I will work together with both my child and the teachers for the best learning experience.

Service Commitment **“...so in Christ we who are many form one body, and each member belongs to all the others. We have different gifts according to the grace given us” Roman 12: 5-8**

- 1) I will support the work of the school
- 2) I will do my best to attend Parent- Teacher League meetings and activities.

Financial Commitment **“ Each man should give what he has decided in his heart to give, not reluctantly or under compulsion for God loves a cheerful giver”. 2 Corinthians 9:7**

- 1) I will make my tuition payments in a timely manner.
- 2) I will pay all registration, athletic, or other fees either in full on registration day, or in advance of each semester.

My church affiliation is as indicated below:

\_\_\_\_\_ **Member of Trinity Evangelical Lutheran Church** I intend to make every effort to contribute generously to the congregation in support of the Kingdom’s work. Also as a member, I/we understand that our church attendance will be reviewed to determine eligibility to receive Member Tuition Rate.

\_\_\_\_\_ **Mission Status:** I agree to pay half tuition until such time as full membership in Trinity Lutheran Church is granted. I also agree to fulfill responsibilities as listed above.

**Trinity Pastor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ **Member of** \_\_\_\_\_ **congregation:** I agree to pay full tuition according to the Fee Sheet, and promise to fulfill responsibilities as listed above.

\_\_\_\_\_ **At this time we have no Church home.**

Father’s Signature \_\_\_\_\_ Mother’s Signature \_\_\_\_\_

**Please Note: In two parent families, both parents are asked to sign this application**



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**Springfield, Illinois 62704**  
**Phone 217-787-2323**  
**E-mail –tls.office@springnet1.com**

### Permission to View Records

I give permission to Principal of Trinity Lutheran School to view the records of

\_\_\_\_\_ (Name of Student)

who previously attended \_\_\_\_\_

(Student's Previous School)

The above named student is enrolled at Trinity Lutheran School. Please forward official records and include the following:

Grades at the time of withdrawal

Psychological evaluation (IEP or Student Management Plans)

Health records and Immunization records

Achievement Test results

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal of Trinity Lutheran School

\_\_\_\_\_  
Date

Previous School Name: \_\_\_\_\_

Previous school address: \_\_\_\_\_

Telephone number of previous school: \_\_\_\_\_

Fax number of previous school: \_\_\_\_\_