

APPLICATION FOR ENROLLMENT
2017/2018
Kdg through 8th Grade ♦ New and Returning Students



Trinity Lutheran School
www.tlsjackson.com | 517.750.2105

Academic Excellence
Safe & Respectful Place
Sharing the Love of God

STUDENT INFORMATION

Students to be enrolled:

Last name _____ First _____ Middle _____ Grade in 2017-18 _____

Birth date (mo/day/yr) _____ M_ F_ Baptism date _____ Birth place (city) _____

Ethnic origin American Indian African-American Asian Caucasian Hispanic Other _____

Health needs/disabilities requiring accommodation _____

Transferring from another school? Yes No Name of school _____

Ever been recommended or tested for Special Education Services? Yes No Ever received services? Yes No

If yes, check appropriate box(es) Speech/language Learning disability Autism Other _____

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APPLICATION REQUIREMENTS *This application must be accompanied by:*

- Trinity's "Permission Form" with parent signatures
- Copy of birth certificate (kindergarten or previously homeschooled)
- Updated immunization record (all new students, kindergarteners, and 7th graders) or waiver (newly signed each year)
- Copy of recent report card (if new to TLS)
- Non-refundable application fee of \$100/family.

FAMILY INFORMATION

Children live with Both parents Mother Father Other _____

Parents are Married Divorced Separated Other _____

We live (will be living) in the _____ public school district.

Names and ages of other siblings living at home _____

FATHER'S INFORMATION	MOTHER'S INFORMATION
Name _____	Name _____
Street address _____	Street address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone (H) _____ (W) _____	Phone (H) _____ (W) _____
Cell _____ Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Cell _____ Text? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email _____ @ _____	Email _____ @ _____
Current church _____	Current church _____
Denomination _____	Denomination _____

EMERGENCY CONTACTS

Adults who can assume responsibility for my child/ren in an emergency if I/we cannot be reached:

First & last name(s) _____ Phone _____ Relation _____

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PROJECTED TUITION COSTS (Will be confirmed on Tuition Payment Plan, to be completed with the principal)

First child in my family: \$3885 Second child: \$2310 Additional children in household: no additional cost

Trinity discount for children or grandchildren of active members of Trinity Lutheran Church (Requires pastor`s signature on Active Member Verification.)

First child in family: \$3150 Second child: \$1575 Additional siblings in immediate family: no additional cost

- Name of Trinity member _____ Parent

Grandparent

LCMS discount for children of active members of other Lutheran Church Missouri Synod congregations (Requires pastor`s signature on Active Member Verification.)

First child in family: \$3150 Second child: \$1575 Additional children in household: no additional cost

- Name of LCMS congregation _____ Pastor`s name _____

PAYMENT INTENTIONS

TOTAL TUITION _____

One payment in June. Nine payments between June and April. Two payments, June and Jan. Other _____

Yes No I plan to apply for financial aid, using the FACTS link at tlsjackson.com.

REFERRING FAMILY for new enrollments If a current Trinity (school or child care) family encouraged you to consider Trinity, please list their name here: _____

I agree to:

- Support all school rules and regulations, as explained in the Parent/Student Handbook
- Make every effort to attend parent/teacher conferences and to participate in other school events with my child/ren
- Meet with the principal to prepare and sign a Payment Plan, and to stay current with payments. I understand that if I fall two months behind, my child`s enrollment may be suspended.

Signature of parent or guardian _____ Date _____

Signature of parent or guardian _____ Date _____

OFFICE USE: Application received on _____ Application fee paid by Cash Check # _____ Initials _____