

**APPLICATION FOR ENROLLMENT**  
**2017/2018**  
**Kdg through 8<sup>th</sup> 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 \_\_\_\_\_

Last name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Birth date (mo/day/yr) \_\_\_\_\_ M or F Baptism date \_\_\_\_\_ Birth place (city) \_\_\_\_\_

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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 7<sup>th</sup> 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 \_\_\_\_\_

<b>FATHER'S INFORMATION</b>	<b>MOTHER'S INFORMATION</b>
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 \_\_\_\_\_

First & last name(s) \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**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](http://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 \_\_\_\_\_