APPLICATION FOR ENROLLMENT 2026/2027

Young 5's through 8th Grade ◆ New and Returning Students

Trinity Lutheran School
www.tlsjackson.com | 517.750.2105

Academic Excellence
A Safe & Respectful Place
Sharing the Love of God

STUDENT INFORMATION

Last name ________________________ First ________________________ Middle ___________________ Grade in 2026-27_______

Birth date (mo/day/yr) ______________ M_ F_ Baptism date ________________ Birth place (city) ___________________________

Transferring from another school? ☐ Yes ☐ No Name of school ____

Health needs/disabilities requiring accommodation ____

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 ________________________

Is the student Hispanic/Latino? ☐ No ☐ Yes What is the student's race? (Mark one or more) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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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? ☐ Yes ☐ No	Cell _____ Text? ☐ Yes ☐ 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: $4,998 ☐ Second child: $3,069 ☐ Additional children in household: no additional cost

Trinity discount for children or grandchildren of active members of Trinity Lutheran Church

☐ First child in family: $4,103 ☐ Second child: $2,178 ☐ 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.

☐ First child in family: $4,103 ☐ Second child: $2,178 ☐ Additional children in household: no additional cost

Name of LCMS congregation _____ Pastor's name _____

PAYMENT INTENTIONS **TOTAL TUITION** _____

☐ One payment in July. ☐ Two payments, July and Jan. ☐ Ten payments between July and April. 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 _____