

# Trinity Lutheran School & Early Childhood Center

613 Court Street, St. Joseph, MI 49085

School Office Phone: 269 983-3056

Early Childhood Center Office Phone: 269 983-0040

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Website: [www.trinitystjoe.org](http://www.trinitystjoe.org)

FOR OFFICE USE ONLY		
Date Rec'd _____	By: _____	
PS Reg. Fee: _____	Ck.# _____	Cash _____
CC Reg. Fee: _____	Ck.# _____	Cash _____
School Reg. Fee: _____	Ck.# _____	Cash _____

## ENROLLMENT APPLICATION FORM

Today's Date: \_\_\_\_\_ For school year beginning September, \_\_\_\_\_

Student's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School District Student Lives In \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Grade/Class applying for:

<u>Traditional &amp; GSRP Preschool</u>	<u>Preschool PLUS Childcare</u>	<u>DAY SCHOOL Y 5's-8</u>	
____ 2 Days Week AM	____ Infant, Transition (1yr.) Toddler (2yr)	____ Young Five's	____ Fourth
____ 3 Days Week AM	____ 3 Year Old PLUS Childcare	____ Full Day Kindergarten	____ Fifth
____ 4 Days Week AM	____ 4 Year Old PLUS Childcare	____ First	____ Sixth
____ 5 Days Week (4ys AM)	____ GSRP PLUS Wrap Around Care	____ Second	____ Seventh
____ GSRP	____ School Age Care	____ Third	____ Eighth

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Okay to print phone number in our Parent/Student Directory? Y N

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth: \_\_\_\_\_

Custody with: \_\_\_\_\_ Conditions of Custody: \_\_\_\_\_

With whom does the student reside? Both \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian (specify) \_\_\_\_\_

Are both birth parents living? Y N Is this child adopted? Y N Does the child know of adoption? Y N

Present School: \_\_\_\_\_ School Phone : \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Does the child have any allergies? \_\_\_\_\_ Are these allergies life threatening? \_\_\_\_\_ Explain: \_\_\_\_\_

## FAMILY INFORMATION-

Full Name of **Father**: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation : \_\_\_\_\_ E-Mail \_\_\_\_\_

To receive text message alerts for school/daycare closings please name cell phone provider: \_\_\_\_\_

Full Name of **Mother**: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address (if different than above): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone : \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation : \_\_\_\_\_ E-Mail \_\_\_\_\_

To receive text message alerts for school/daycare closings please name cell phone provider: \_\_\_\_\_

Names of Brothers and Sisters:

\_\_\_\_\_ Age \_\_\_\_ F \_\_ M \_\_ / \_\_\_\_\_ Age \_\_\_\_ F \_\_ M \_\_  
\_\_\_\_\_ Age \_\_\_\_ F \_\_ M \_\_ / \_\_\_\_\_ Age \_\_\_\_ F \_\_ M \_\_

Has the applicant ever received professional counseling/testing (educational, personal, emotional)? Yes \_\_\_\_ No \_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**CHURCH AFFILIATION INFORMATION-**

Father's Church Membership: \_\_\_\_\_ Denomination: \_\_\_\_\_

Mother's Church Membership: \_\_\_\_\_ Denomination: \_\_\_\_\_

Student's Church Membership: \_\_\_\_\_ Denomination: \_\_\_\_\_

Date of Child's Baptism: \_\_\_\_ / \_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_

Would you like to talk to Pastor about baptism? Y N Anything else? Y N Describe: \_\_\_\_\_

**PERSONAL REFERENCE-**

Trinity Lutheran parents you know:

Family Names: \_\_\_\_\_

How did you hear about our school? \_\_\_\_ Referral \_\_\_\_ Advertisement \_\_\_\_ Flier \_\_\_\_ Other

Do you give permission for your child to have their picture on Trinity's website and any printed media? Y N

Briefly describe your child's school experience – successes, difficulties, relationship with teachers and peers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to enroll your child at Trinity Lutheran School & ECC: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This application is not binding on the applicant nor upon the school. Trinity Lutheran School & ECC admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.*

I affirm that all information on this form is true.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date of Application