

TRINITY LUTHERAN SCHOOL
728 Church Street
Wisconsin Dells, WI 53965

Last Name First Name Middle Name

Street Address City, State Zip Code

Home Phone Cell Phone Birthdate Birthplace

Entering Grade Transportation: Bus Car Walk

Baptism Date Place of Baptism (Church, City, State) Home Church

Reason for Applying to Trinity: _____

If your child has experienced any previous difficulty in school, please note the source and nature of the difficulty: _____

School District in which you reside (Please Circle): Wis. Dells, Baraboo, Reedsburg, Other

May we publish your address and phone number in the school directory? _____ Yes _____ No

May we use your child's picture in the newspaper? _____ Yes _____ No

PARENT INFORMATION:

Marital Status: Parents are Married _____ Divorced _____ Single Parent _____

Please complete for both parents:

FATHER

Name _____

Living: Yes _____ No _____

Address: _____

Telephone: _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Highest Education Completed: _____

Present Church Affiliation: _____

MOTHER

Name _____

Living: Yes _____ No _____

Address: _____

Telephone: _____

Occupation: _____

Place of Employment: _____

Work Phone: _____

Highest Education Completed: _____

Present Church Affiliation: _____

BROTHERS AND SISTERS

Name	School Attending	Birthdate
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

YEARLY EDUCATION FEE: **\$500.00** Grades K-6
 \$300.00 Second Child, K-6
 (Education Fee - 1/2 due September 4th, balance due October 15th)

TRINITY MEMBER TUITION: **\$800.00** per year - First Child K-6
 \$550.00 per year - Second Child
 \$450.00 per year - Third Child
 (Tuition due quarterly; October, December, February, April)

COMMUNITY MEMBER TUITION:
 \$1600.00 per year - Grades K-6
 (Tuition due quarterly; October, December, February, April)

4K TUITION: Member/Community Member **\$125.00** per month - Grade 4K

HEALTH INFORMATION:

1. Is there any defect of vision or hearing in which the school could help your child, as in proper seating or other action? Yes_____ No_____
2. Is there any physical delay, which would limit participation in any classroom activity?
 Yes_____ No_____ Gym Activities? Yes_____ No _____ Sports? Yes_____ No_____
 If yes, what is recommended by your doctor? _____

Parent Signature	Date of Application
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 If there is any other information we should know please use the space provided below: _____

Non Discrimination Policy

Trinity Lutheran School admits pupils of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to pupils at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, athletic, and other school administered programs. Trinity Lutheran School has an anti-discrimination policy in force and will not support any actions that can be determined to be discriminatory. We are all children of God and equal in His eyes.