

PLEASE NOTE:

Please fill out a separate enrollment form for each child. A registration fee must accompany each form. Thank you.

Trinity Lutheran School  
824 Wisconsin Avenue  
Sheboygan, WI 53081  
(920) 458-8248  
www.trinitysheboygan.org

2012-2013 RE-ENROLLMENT FORM  
TRINITY LUTHERAN SCHOOL

Student \_\_\_\_\_  
Last First Middle

Father/Mother \_\_\_\_\_  
Last Father Mother

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father Cell Phone # \_\_\_\_\_ Father Email Address \_\_\_\_\_

Mother Cell Phone # \_\_\_\_\_ Mother Email Address \_\_\_\_\_

Grade Entering: 3K 4K 5K 1 2 3 4 5 6 7 8 (circle one)

I plan on using Extended Care for my 3K, 4K, or 5K student, 7:00am-5:30pm: \_\_\_\_\_ Yes \_\_\_\_\_ No

Student lives with: Father Mother Guardian Both Parents Step-father Step-mother Grandparent  
(circle all that apply)

If parent mailings should be sent to an address in addition to the one listed above, please list the additional name and address:  
Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Baptism Date \_\_\_\_\_

Home Congregation \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Denomination \_\_\_\_\_ Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Wk Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Wk Phone \_\_\_\_\_

If parents are divorced or unmarried, are there any court restrictions placed on parental rights?  
\_\_\_\_\_ yes \_\_\_\_\_ no If yes, please explain: \_\_\_\_\_

Emergency Contacts if parents cannot be reached – **if they are different from last year** (in order of attempt):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

May we publish your home address and phone number in a school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we publish your email address in a school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child have any special education needs? \_\_\_\_ yes \_\_\_\_ no If yes, please explain:

Does your child have any physical needs or health limitations? \_\_\_\_ yes \_\_\_\_ no If yes, please explain:

Does your child have any emotional or psychological needs that are currently being cared for by a professional?  
\_\_\_\_ yes \_\_\_\_ no If yes, please explain: \_\_\_\_\_

Does your child need any special prescription medications? \_\_\_\_ yes \_\_\_\_ no If yes, please explain:

Dismissal Procedure: \_\_\_\_ Bus \_\_\_\_ Walk \_\_\_\_ Car Pool \_\_\_\_ Picked up by Parent \_\_\_\_ Other – explain:

The school has my permission, in an emergency, when I (or my physician) cannot be contacted to contact another doctor or take my child to the emergency room, or contact the Police Department.

**MISSION STATEMENT OF TRINITY LUTHERAN CHURCH:** “Making Known the Love of Christ” (Adopted 6/08)

**PURPOSE STATEMENT OF TRINITY LUTHERAN SCHOOL:** “Trinity Lutheran School equips God’s children to grow spiritually and academically with Christ as the focus.”

**TRINITY LUTHERAN SCHOOL** admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship, and loan programs and athletic and other school administered programs.

TUITION AND FEE INFORMATION

A Registration Fee is paid for EACH student.

Non-refundable Registration Fee: \$50.00 (before 4:00 PM, April 2<sup>nd</sup>), \$150 after March 31<sup>st</sup>

Tuition Amounts:

3K Program - \$810.00

4K Program - \$1,070.00

5K-Grade 8 (Trinity Church Member) - \$1,270.00; 5K-Grade 8 (Community Member) - \$2,150.00

~ Referral Incentive Program: Families will receive a \$100 credit on their Tuition for the 2012-2013 school year if a referred child is enrolled and attends Trinity Lutheran School for the 2012-2013 school year. A family may receive more than one credit. Please encourage other families to become part of our Trinity school family.

I, the undersigned parent or guardian, for and in consideration of Trinity Lutheran School accepting my son/daughter/ward as a student in its school, agree to make all payments for tuition and other necessary and normal charges in accordance with schedules for payment provided. I agree and understand that unless all payments are current, no transcripts regarding our child will be issued. The signature below testify to the fact that there is awareness and support of all policies found in the Student/Parent Handbook.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

For Office Use Only:

Registration Received: Date \_\_\_\_\_ Payment Amount \_\_\_\_\_ Check/Cash \_\_\_\_\_

Form Edited 1/24/2012 Received by \_\_\_\_\_ Computer Entry \_\_\_\_\_