

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

2010-2011 RE-ENROLLMENT FORM
TRINITY LUTHERAN SCHOOL

Student _____
Last First Middle

Father/Mother _____
Last Father Mother

Address _____

City, State, Zip _____ 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) Referred by _____

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 PAYMENT SCHEDULE

A Registration Fee is paid for EACH student.

Non-refundable Registration Fee: \$50.00 (before 4:00 PM, March 26th), \$150 after March 26th

Please select the appropriate Tuition and Fee payment

3K (Monday, Wednesday, Friday, 8:30am – 11:15am) \$660.00
(3 years old by September 1, 2010)

4K (Monday- Friday, 8:30am – 11:15am) \$880.00
(4 years old by September 1, 2010)

Trinity Church Member Tuition and Fees 5K–Grade 8 (\$1,050.00)
(5 years old by September 1, 2010)

Other Tuition and Fees 5K–Grade 8 (\$1,775.00)
(5 years old by September 1, 2010)

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Referral Incentive Program: Families will receive a \$100 credit on their Tuition and Fees for the 2010-2011 school year if a referred child is enrolled and attends Trinity Lutheran School for the 2010-2011 school year. A family may receive more than one credit. Please encourage other families to become part of our Trinity school family.
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TOTAL AMOUNT DUE: Registration Fee + Tuition and Fees = _____

I, the undersigned parent or guardian, will pay the yearly balance of tuition and fees:

in one payment by September 1, 2010 or

monthly payments using Thrivent’s SimplyGiving program (\$3 yearly fee) or through my bank’s automated payment service.

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 2/4/2010

Received by _____

Computer Entry _____