



Trinity Lutheran School • Bloomington, IL • 309.829.7513 • [www.trinluthschool.org](http://www.trinluthschool.org)

## ***Enrollment Application (Grades 1-8) 2024-2025***

OFFICE USE    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Amount Paid: \_\_\_\_\_    Check # \_\_\_\_    Cash    Online

### **STUDENT INFORMATION:**

\_\_\_\_\_  
Student's Last Name      Student's First Name      Middle Init.      Nickname (goes by)

Gender: \_\_\_\_\_      Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### **Ethnicity:**

\_\_\_\_ White      \_\_\_\_ Asian or Pacific Islander      \_\_\_\_ Hispanic  
\_\_\_\_ Black/African American      \_\_\_\_ American Indian/Alaskan      \_\_\_\_ Multiracial

**Applying for Grade:** \_\_\_\_\_      **Transfer from:** \_\_\_\_\_  
Name of School

\_\_\_\_\_  
Home mailing address

\_\_\_\_\_  
City      State      Zip      Home Phone #

\_\_\_\_\_  
Church Affiliation      Is the child Baptized: \_\_\_\_\_      Baptism Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **ADDITIONAL STUDENT INFORMATION:**

**RESIDENCE:** Student lives with (at primary residence)

\_\_\_\_ Father      \_\_\_\_ Mother      \_\_\_\_ Grandfather      \_\_\_\_ Grandmother  
\_\_\_\_ Step-Father      \_\_\_\_ Step-Mother      \_\_\_\_ Foster Parent      \_\_\_\_ Guardian  
\_\_\_\_ Other: \_\_\_\_\_

### **PUBLIC SCHOOL ATTENDANCE AREA:**

Please list the respective public school the above student would attend based on the primary residence:

Public School Attendance Area: \_\_\_\_\_ Elementary School

### **SPECIAL EDUCATION SERVICES:**

Check if student has experienced or been enrolled in any of the following:

\_\_\_\_ IEP      \_\_\_\_ 504 Plan  
\_\_\_\_ Speech or Language      \_\_\_\_ Behavior or emotional disability  
\_\_\_\_ ADD (Attention Deficit Disorder)      \_\_\_\_ ADHD (Attention Deficit Hyperactivity Disorder)  
\_\_\_\_ Other education or health concerns: \_\_\_\_\_

If the above child has a current IEP or 504 Plan please bring the most recent paperwork with you to the meeting with the principal so it can be reviewed by our Key Team.

## **STUDENT HEALTH**

FOOD ALLERGIES: List all food allergies. If none please indicate "None"

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MEDICINE ALLERGIES: List all allergies to medicine. If none please indicate "None"

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OTHER ALLERGIES (environmental such as bee stings, pollen, etc.)

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OTHER HEALTH CONCERNS: Please check any of the following health conditions or concerns:

\_\_\_\_\_ Asthma      \_\_\_\_\_ Frequent ear infections      \_\_\_\_\_ Frequent headaches  
\_\_\_\_\_ Epilepsy      \_\_\_\_\_ Nose bleeds

Other: \_\_\_\_\_

## **PARENT INFORMATION:**

\_\_\_\_\_  
FATHER

\_\_\_\_\_  
MOTHER

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Email

\_\_\_\_\_  
Employer/Occupation

\_\_\_\_\_  
Employer/Occupation

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Church Membership

\_\_\_\_\_  
Church Membership

\_\_\_\_\_ *Same Address as student*

\_\_\_\_\_ *Same Address as student*

*If address different from student:*

*If address is different from student:*

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Do you have younger children at home who will be eligible for one of our Early Childhood programs in the future? If you would like to be on our mailing list, please include the younger child(ren)'s name and birth date here:

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Name

Birth Date

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Name

Birth Date

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Name

Birth Date

**Media Consent:** By enrolling at Trinity Lutheran School, you give consent for the use of photos and videos of your son or daughter. Please read and respond to the following if necessary:

As a parent/guardian, I understand that any photo/video would be used solely to illustrate educational activities or to publicize school programs. If a student's name is used, only the first name will be used. No student names will be paired with student photos without direct consent from guardians.

\_\_\_\_\_ If you have a specific reason to remove this permission, please check here and while we cannot guarantee that photos won't be used, we will do our best to avoid the use of your child in school-sponsored photo/video.

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**Enrollment Agreement:**

- I have prayerfully considered the enrollment of my child(ren) at Trinity Lutheran School.
- I accept all legal responsibility for the prompt and full payment of (a) the registration & technology fees, (b) tuition payment, and any willful and/or negligent damage to church or school property by my child(ren).
- By enrolling at Trinity Lutheran School I acknowledge support and agreement of the policies outlined in the school handbook.
- I understand that all enrollments are for one year only and are reviewed annually.
- I realize that the final decision concerning enrollment is made by the administration of Trinity Lutheran School, and I will be notified of my child's acceptance by the administration.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_