



developing well-rounded, lifetime Christian disciples

Trinity Lutheran School • Bloomington, IL • 309.829.7513 • www.trinluthschool.org

Kindergarten Re-Enrollment Application 2024-25

Please complete all information on this application

OFFICE USE Date: ____/____/____ Amount Paid: ____ Check # ____ Cash Online

____ We are undecided for the 2024-25 school year. (Please fill in the student's name.)

____ We will not be re-enrolling our child for the 2024-25 school year. (Please fill in the student's name.)

STUDENT INFORMATION:

____ Student's Last Name

____ Student's First Name

____ Middle Initial

____ Nickname (goes by)

____ Parent's Last Name(if different from students)

____ Parent(s) First Name(s)

Gender: _____

Birthday: ____/____/____

Child's age September 1: ____

Race: ____ American Indian ____ Asian ____ African American ____ Hispanic ____ Caucasian ____ Other

Home mailing address

____ City

____ State

____ Zip

____ Home Phone #

Parent email address

____ Church Affiliation Is the child Baptized: _____

Baptism Date: ____/____/____

Parents are: ____ Married ____ Single ____ Separated ____ Divorced

Class for enrollment:

____ **Half-day Kindergarten** - M-F - 8:15 a.m. to Noon

____ **Full-day Kindergarten** - M-F - 8:15 a.m. to 3:15 p.m.

____ *Check here if you wish to apply for tuition assistance.*

Please note that financial assistance applies to TUITION ONLY. Parents are responsible for the entire registration fee. Tuition assistance is available to families with children in grades K-8 only.

(over)

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 birthdate here:

Name	Birth Date
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Name	Birth Date
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Name	Birth Date
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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.

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 administration of Trinity Lutheran School makes the final decision concerning enrollment, and I will be notified of my child's acceptance by the administration.

Signature of Father/Guardian: _____ Date: _____

Signature of Mother/Guardian: _____ Date: _____