

Student Application

Trinity Lutheran School
2550 NE Butler Market Road
Bend, Oregon 97701
541-382-1850

Application for New Enrollment - _____ Academic Year
Date of Application ____/____/____ Applying for Grade: _____

STUDENT INFORMATION

Last Name _____ First Name _____ Middle _____
 Date of Birth ____/____/____ Place of Birth _____ Gender ____ Male ____ Female
 Address _____ City _____ State _____ Zip code _____
 Ethnicity (For reporting purposes) __ African-American __ Caucasian __ Hispanic __ Asian __ Other _____
 Last school attended _____ District _____
 Address _____ City _____ State _____ Zip _____
 Reason for leaving _____
 Date of Baptism ____/____/____ Home Church _____ Denomination _____
 Has this student experienced any discipline/conduct problems, school suspension, grade retention, double promotion, or special education services? ____ Yes ____ No If yes, please explain _____

FAMILY INFORMATION

Student resides with (check one)
 ____ Both Parents ____ Mother ____ Father ____ Shared Custody ____ Guardian

	Parent/Guardian	Parent/Guardian
First and Last Name		
Home Address		
City, State, Zip Code		
Home Phone Number		
Cellular Phone Number		
Email Address		
Occupation/ Job Title		
Employer Name		
Employer Address		
City, State, Zip code		
Employer Phone Number		

Grandparent Contact Information:

Name _____ Address _____
 City _____ State _____ Zip code _____ Telephone _____
 Name _____ Address _____
 City _____ State _____ Zip Code _____ Telephone _____
 Name _____ Address _____
 City _____ State _____ Zip Code _____ Telephone _____

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Sibling Information:

Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____
 Name _____ Age _____ Grade _____ School _____

Do you plan to enroll any of the above at Trinity? Please explain why or why not _____

How did you learn about Trinity Lutheran School? _____

Reason for applying at Trinity Lutheran School? _____

PARENT COMMITMENT

As parents, we understand that we are entering into an educational partnership with Trinity Lutheran School. We commit ourselves to:

- Uphold and support the mission and ministry of Trinity Lutheran School (without reservation) through participation and prayer.
- Work closely with the teachers in carrying out all aspects of each child's education.
- Support the total school curriculum and program of instruction as specified by leadership and the School Commission.
- Partner with the teachers and administration in the spiritual nurturing of each child.
- Have regular communication with teachers and if available volunteer where needed.
- Read the handbook and support the teaching staff and administration by following all policies and procedures..
- Meeting tuition obligations in a timely manner.

Parent/Guardian Signature _____ Date ___/___/___

Parent/Guardian Signature _____ Date ___/___/___

Name/address/signature of person(s) responsible for payment of tuition and fees if different from names above.

Name _____

Address _____

Phone _____

Signature _____ Date ___/___/___

Anticipated Payment Schedule

__ One payment due on June 1

__ Twelve payments beginning in June

**All who wish to pay in monthly payments are required to participate in the automatic withdrawal program. Parent may choose withdrawal date

Please return this form with the \$50 non-refundable application fee to Trinity Lutheran School

For Office Use Only	
Application received date and time _____	Class _____
Application fee _____	Registration fee _____ Immunization record _____
Birth Certificate _____	Admissions tour _____ Principal visit _____ Testing _____