



**TRINITY LUTHERAN SCHOOL**  
Bend, Oregon

# Student Application

*Please send application and \$50 non-refundable application fee to:*

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

*Please Print or Type*

Application for New Enrollment -20\_-20\_ Academic Year

For Office Use Only

AR Date \_\_\_\_\_  
AR Time \_\_\_\_\_  
App Fee \_\_\_\_\_ Reg Fee \_\_\_\_\_  
Immunization \_\_\_\_\_  
Birth Certificate \_\_\_\_\_  
Admin Tour \_\_\_\_\_  
Pres.Visit \_\_\_\_\_ Test \_\_\_\_\_

## Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Ethnicity (For reporting purposes)

African-American  Caucasian  Hispanic  Asian  Other \_\_\_\_\_

Last school I attended \_\_\_\_\_ District \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Last Name _____			Last Name _____			Middle Name _____			
Home Address _____				City _____		State _____		Zip Code _____	
Primary Phone _____				Secondary Phone _____					
Email _____									
Occupation/JobTitle _____				Employer Name _____					
Employer Address _____				City _____		State _____		Zip Code _____	
Employer Phone Number _____									

## Parent/ Guardian

Last Name _____			Last Name _____			Middle Name _____			
Home Address _____				City _____		State _____		Zip Code _____	
Primary Phone _____				Secondary Phone _____					
Email _____									
Occupation/JobTitle _____				Employer Name _____					
Employer Address _____				City _____		State _____		Zip Code _____	
Employer Phone Number _____									

## 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 hear about Trinity Lutheran? \_\_\_\_\_

\_\_\_\_\_

Reason for applying at Trinity Lutheran School? \_\_\_\_\_

\_\_\_\_\_

## Grandparent Contact Information

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Name(s) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

# 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

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