

# TRINITY LUTHERAN SCHOOL

940 Creston Rd Paso Robles, CA 93446 Phone: 805-238-0335 www.trinitypasoschool.org fastdir.com/trinitypaso

## Application for Enrollment – 2021/2022 School Year

**All forms and requirements must be met prior to school entry**

**All students must meet vaccination requirements as required by law – no personal and/or religious exemptions are accepted\***

**One application form per student** (For families with more than one student, you may first fill out all pertinent duplicate family information that is consistent with each child in your family, then make a copy in the school office and finish completing the forms with each student's individual information, if desired) \*see immunization letter for details

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Applying for Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: City \_\_\_\_\_ State: \_\_\_\_\_  
 Country (if other than United States): \_\_\_\_\_  
 Baptized/Dedicated:  yes  no If yes, date: \_\_\_\_\_ Church: \_\_\_\_\_  
 Student resides with (check one):  Both Parents  Guardian(s)  Shared Custody\*  Mother  Father  Other  
\*Court documentation needed for verification

### FAMILY INFORMATION

#### Mother/Guardian

#### Father/Guardian

First and Last Name <i>(please print)</i>		
Home Address		
City, State, Zip Code		
<b>Cell Provider</b> & Cell Number		
Email Address		
Occupation/Title		
Work Address/City		
Work Phone Number		
Highest Degree(s) Earned		
Are you a registered sex offender?	Circle one    Yes    No	Circle one    Yes    No

### ADDITIONAL INFORMATION

For the following, if none, answer N/A. Local Church Membership: \_\_\_\_\_ Pastor: \_\_\_\_\_  
 Interest in learning more about Trinity Church. Last School Attended: \_\_\_\_\_  
 How long: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_  
 How did you hear about Trinity? : \_\_\_\_\_

### ENROLLMENT AGREEMENT with all required SIGNATURES

For admission of my child to Trinity Lutheran School, I (we) agree with the placement of this student as established by the administration for the year 2021-2022. I (we) further understand, acknowledge and agree that Trinity Lutheran School (TLS) is a school of limited enrollment. By executing this Agreement, TLS agrees to provide a place for my child in his or her respective class, which may deprive another child of the privilege of enrolling at TLS. In the event said student withdraws, I (we) are responsible for tuition up to and including two weeks after announced withdrawal date. TLS reserves the right, at its sole discretion, to expel or dismiss the above-named student if the student's presence or the actions of a family member at TLS would be detrimental to the student or the school. In such event, parents are responsible for the remainder of the school year's tuition and fees. I (we) also understand that a **nonrefundable** registration fee is due at time of enrollment. Paperwork without accompanying fees will not be acknowledged as enrollment, and the student will not be considered until all fees and paperwork are complete. I (we) certify that the information given is complete, accurate and agreed to by all custodial parties. Further, I (we) agree to fulfill all financial obligations and to adhere to the policies and regulations of Trinity Lutheran School including clearing all delinquencies from the previous school year(s). *(over)*

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

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

**ENROLLMENT INFORMATION**

<b>Enrollment Procedures</b>	<ul style="list-style-type: none"> <li>• Enrollment at Trinity is on an annual basis.</li> <li>• An application for enrollment must be filled out annually and received before the deadline for both continued and initial enrollment.</li> <li>• Application for enrollment does not constitute acceptance.</li> <li>• Once a family has been accepted, the registration procedure is mandatory and becomes part of the requirement for attendance at Trinity Lutheran School.</li> <li>• The registration/materials fee is not refundable and must accompany each application or the application will not be processed.</li> <li>• A non-refundable one-time application/evaluation fee of \$25.00 must be paid at time of evaluation. This is for all new Kindergarten and transfer 1<sup>st</sup> – 8<sup>th</sup> Grade Students, including Trinity Preschool students entering Kindergarten.</li> <li>• In households where the parents are no longer together and have shared custody, a signature of both parents must accompany the application form.</li> <li>• A copy of an official birth certificate must be included in the enrollment packet.</li> <li>• No students will be admitted without proper proof of required vaccinations.</li> </ul>
<b>All New Enrollees</b>	<ul style="list-style-type: none"> <li>• Students will be required to take an admission test at the time and place designated by the school. A non-refundable evaluation fee of \$25.00 must accompany the application in addition to the registration fee. Parents will meet with the principal after the assessments and will be notified regarding enrollment. Acceptance is based upon our standardized test scores on Renaissance STAR Math and Reading being no less than 0.9 months below grade level. Any student falling under grade level but no more than 0.9 months below grade level may be conditionally accepted upon completing an individualized plan to help fill in the gaps.</li> <li>• Parents of new enrollees are required to present medical records and reports and fill out the parent questionnaire form.</li> <li>• Enrollment and grade placement of transfer students will be conditional until report cards, cumulative records, a teacher evaluation form and immunization records from the previous school have been received and evaluated.</li> </ul>

**Nondiscrimination Policy**

Trinity Lutheran School admits students of any race, color, national and 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 and ethnic origin, or gender in the administration of its educational policies, admissions policies, scholarships and financial aid programs, and athletic and other school-administered programs.

All enrollment papers must be received and the first month's tuition paid prior to the student attending school. Payment is due in 10 equal monthly payments beginning **August 1, 2021** and continuing each subsequent month through May. If you desire a different due date, you must submit your request on the Financial Agreement Form. If approved, this monthly due date is only good for this school year.

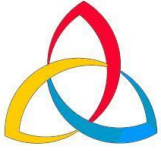
**FOR OFFICE USE ONLY**

Date/Time received: \_\_\_\_\_ Registration Amount Paid \_\_\_\_\_ by:

check # \_\_\_\_\_  cash  Fast Direct wallet or credit card

Cumulative Request Sent: \_\_\_\_\_ Cumulative Records Received: \_\_\_\_\_

TEF sent: \_\_\_\_\_ TEF received: \_\_\_\_\_ Birth Certificate Received \_\_\_\_\_



# TRINITY LUTHERAN SCHOOL



Growing in Grace and Knowledge

STUDENT RELEASE FORM 2021/2022

**PRINT AND AUDIO VISUAL MATERIALS**

We're proud of our students, teachers, and school in general and like to share the accomplishments with others. This includes information in written and audiovisual form. We have school brochures, a web site, promotional materials, and access to local newspapers and television stations that are all available to the community at large. We would like to include your student in these materials if the opportunity arises. It is our practice to only use first names (and often no name at all) with information that is accompanied by a photo or other visual media.

I GIVE PERMISSION for my student to be included in: (CHECK ALL THAT APPLY)

School Brochure  Website  Promotional Materials  Local Newspaper  Local Television

I give permission to include my child \_\_\_\_\_ in the aforementioned materials.  
*(print student's name)*

Parent/Guardian Signature: \_\_\_\_\_

## MEDICATION ADMINISTRATION

Under rulings of the State Educational Code, medication can be given at school only under the following situations:

1. A physician must prescribe the medication.
2. Prescription and nonprescription medications must be stored in the original bottle with unaltered labels.
3. Medications requiring refrigeration must be properly stored.
4. All prescription and nonprescription medications shall be maintained with the child's name and shall be dated. Outdated medications will not be honored.
5. Consent must be provided from the parent, permitting school facility personnel to administer medications to the child. Instruction shall not conflict with the prescription label or product label directions.
6. Medication will be kept at the school office. Exceptions to this include diabetic kits, asthma inhalers, Epi-pens and any other medical devices or prescriptions that must be with the student at all times. Information regarding such devices/prescriptions must be kept on file and up-to-date in the school office. While on a field trip, medication will be kept in the teacher's possession.
7. Children's Tylenol/Aspirin/Advil will be kept on hand in the school office. Upon parent request, such medications will be administered only after parental consent each time. Continued or chronic use of such nonprescription medications will require the parent to provide such medications to the school office.
8. A separate information sheet may be required for certain medications. (See office for details)

MEDICATION	DOSAGE	TIME/DURATION	INSTRUCTIONS

I authorize school personnel to administer the above medication(s) to my child. \_\_\_\_\_  
*(Signature)*



**TRINITY LUTHERAN SCHOOL**  
 Growing in Grace and Knowledge  
 Parental/Guardian Commitment 2021/2022



Student \_\_\_\_\_ Grade \_\_\_\_\_

In this agreement between TLS and \_\_\_\_\_, we commit to the following: Parents/Legal Guardian Names

1. We will faithfully support the school through our prayers and positive attitude, and share any complaints and/or questionable or negative comments with only the people involved and not around our child(ren). Likewise, what is shared will remain confidential and will be expressed to appropriate leadership only with our awareness and approval.
2. We understand the general philosophy of education as stated in the Parent and Student Handbook, and are in agreement with the purpose and intent of TLS.
3. We agree with the standards of conduct and discipline as outlined in the Parent and Student Handbook, and grant authority to the Administration and Staff to discipline our child(ren) when necessary. We further agree to follow through with appropriate consequences at home to be in alignment with the school.
4. We understand that the standards of TLS do not tolerate profanity, obscenity in word or action, dishonor to the Word of God, disrespect to the personnel, students, and/or families of the church and school, disobedience to the established policies of the school, or harassment of any kind.
5. We choose to honor those whom God has placed in authority at TLS. In doing this, we understand that we are honoring our Lord Jesus Christ while protecting our own integrity as a family.
6. We understand that while our child(ren) is/are enrolled at TLS, as parents/guardians, we accept the responsibility for our child(ren). This includes, but is not limited to, the following: cooperating fully with the dress code, tardy policy, and attendance policy. In choosing to take our child(ren) out of school when they are not sick (vacations, etc) during regularly scheduled school, we acknowledge the consequences that may affect the student's learning and/or grades. The burden of missed assignments rests with us (parents), not the teacher(s). We will uphold these policies by teaching accountability through responsibility.
7. We will uphold and support the high academic standards of the school by providing a place at home for our child(ren) to study, and to give our child(ren) positive encouragement in the timely completion of homework assignments and projects. We will allow them to be independent thinkers and doers remembering that the assignments and projects are **not for us to complete**, but for them to process and complete at their own developmental level.
8. We understand that fees will be assessed to cover damages to the school property and the personal property (lost or damaged books, equipment, or supplies) within the facility and its grounds.
9. We will support the school by involvement in school sponsored meetings, activities, fundraisers, extra-curricular events, and our time and talents.

**We have read the above statements and are in agreement.**

\_\_\_\_\_  
 Father/Legal Guardian's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mother/Legal Guardian's Signature

\_\_\_\_\_  
 Date



# TRINITY LUTHERAN SCHOOL



Growing in Grace and Knowledge

## ID & EMERGENCY INFORMATION 2021/2022

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
*Last First Middle*

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address: (if different from mailing address) \_\_\_\_\_ City \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Email: \_\_\_\_\_  
*(Necessary for fastest school communication)*

### AUTHORIZED PICK-UP & EMERGENCY CONTACTS

Please include all persons who may be called in an emergency & authorized to pick the student up from school. List parents/guardians, and at least **three** additional names and numbers of authorized persons to contact in case of an emergency. Student will not be allowed to leave with unauthorized persons. **This list should be in order of whom to call 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.** If cell, & work/home are the same numbers leave subsequent blank. When more than one parent/guardian has parental rights, signatures validate agreeance.

NAME	RELATIONSHIP	CELL PHONE	WORK/HOME PHONE
		( )	( )
		( )	( )
		( )	( )
		( )	( )
		( )	( )
		( )	( )

Signature \_\_\_\_\_ Signature \_\_\_\_\_

MEDICAL CONTACT INFORMATION	PHYSICIAN	DENTIST
Name		
Address & City		
Medical Plan & Number		
Telephone		

If physician cannot be reached, what action should be taken?

Call emergency hospital  Other, explain \_\_\_\_\_

### MEDICAL INFORMATION

Chronic Illness or Disability	
Medication Required	
Special Equipment/Services Required	
Special Accommodations Requested	
Allergies	
Other Important Medical Information	

**Custody Restrictions/Orders:** (legal documentation must accompany request and be kept updated at all times)

In cases where more than one parent/guardian has rights, all signatures must appear with custody restrictions/orders.

## DRIVER'S INSURANCE FORM

School sponsored field trips use private vehicles to transport students to and from the events. To assure insurance coverage for all riders, California law, private insurance policies, school policies and school insurance policies must be adhered to at all times.

Recommendations/Requirements:

- Children 12 and younger should ride in the back seat if at all possible
- No child may ride where an air bag is present
- Children under 4'9" tall or 8 years of age must be in an approved child safety seat and ride in the back seat.
- Each child must have their own seat belt
- Drivers may transport only to designated destination. No side trips allowed.
- All events begin and end at school unless otherwise noted on permission slip

As a driver and/or chaperone on a field trip, you have the unique opportunity to support the classroom teacher in extended learning opportunities. You are entrusted with the responsibility of caring for and supervising the students in your vehicle or the students assigned to you by the classroom teacher. At all times, we ask that the safety of your group be your prime concern. Your personal behavior and appearance are a model to the students. Your positive attitude will help set the tone. Strive to do your part to help make the field trip a wonderful experience for each and every child by encouraging them to be positive and treat others with respect.

Our insurance company, *Brotherhood Mutual*, has the following driver requirements:

- Brotherhood Mutual prefers that all drivers be between the ages of 25 and 65. However, we will accept drivers between the ages of 21 and 24 and over the age of 65 provided they have no accidents or violations on their motor vehicle record.
- All drivers must be properly licensed for the vehicle being driven. Class B licenses (with passenger endorsement) are required for all vehicles with a seating capacity of over 10 passengers, including the driver. (California State Law)
- No driver will be allowed to drive if he or she has more than one moving violation or accident on his or her record within the past three years.
- No driver will be permitted to drive if they have a D.U.I. on their driving record or if their license has ever been suspended.
- All drivers must have a valid United States driver's license.

Drivers/Chaperones: Absolutely no alcohol, drugs or tobacco at any time connected with the trip. All traffic laws must be observed. (Watch your speed!) If traveling with more than one vehicle, please caravan by following the lead car. No side trips, stopping for food, running an errand, etc. (That means you may not stop and get your passengers or yourself a treat, snack, or meal. If it says, "pack a sack lunch," that includes the drivers/chaperones). Avoid the use by adults and students of any electronic devices such as iPods, iPads, cell phones, or electronic games. This includes movies in the vehicle. Part of the experience of going off campus is to build a sense of community. This cannot be done if everyone is engaged with an electronic device. Encourage positive attitudes and conversations. Redirect any conversations that dishonor others.

AUTOMOBILE INFORMATION	VEHICLE #1	VEHICLE #2
<b>Make/Model</b>		
<b>License Number</b>		
<b># of Student Approved Seats</b>		
DRIVER INFORMATION	DRIVER # 1	DRIVER #2
<b>Name</b>		
<b>Driver's License Number</b>		
<b>Expiration Date</b>		
<b>Between the ages of 25 &amp; 65</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

I have read and understand all the aforementioned driver requirements. I am deemed a qualified driver under these qualifications. If my driving status changes at any time during the school year, which would disqualify me as a school sponsored event driver, I will notify the school office immediately.

Driver #1 signature \_\_\_\_\_ Driver #2 signature \_\_\_\_\_



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 (805) 238-0335 FAX (805) 238-0892  
[www.trinitypaso.org](http://www.trinitypaso.org)  
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## PARENT QUESTIONNAIRE

**Please rate the student on the following:**

	Excellent	Good	Average	Fair
Cooperation				
Consideration of Others				
Creativity				
Study Habits				
Organizational Skills				
Motivation				
Attitude Toward School				
Intellectual Potential				
Sense of Humor				

**Please respond to the following questions about your student.**

1. Please describe any extracurricular activities, classes, or groups the student participates in.

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2. Does the student have any allergy, physical disability, illness or unusual condition we should be aware of? If yes, please provide specifics.

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3. List any talents or strengths the student has exhibited in or out of school.

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4. What qualities do you appreciate most about the student? \_\_\_\_\_

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5. Describe the student's main interests outside of school: \_\_\_\_\_

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6. Are there any special circumstances, which may have affected the student's development in regards to the educational process? Does the child have an IEP or 504 plan at his/her current school? If so, please provide a copy.

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7. Has the student ever been subject to any disciplinary action, i.e., suspension or dismissal, in any school? If yes, please explain.

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8. What languages are spoken at home? If more than one, please indicate the student's primary language.

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9. What is the single most important legacy that you, as a parent, would like to see your child manifest in his/her life? Please explain.

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10. Is there any other information concerning the student you would like to share?

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





940 Creston Rd. Paso Robles, CA 93446 \* 238-0335

Re: Immunization requirements for 2021

**Students Admitted at K-12 Need:**

**Diphtheria, Tetanus, and Pertussis (DTaP, DTP, Tdap, or Td) — 5 doses**

(4 doses OK if one was given on or after 4th birthday. 3 doses OK if one was given on or after 7th birthday.)

For 7th-12th graders, at least 1 dose of pertussis-containing vaccine is required on or after 7th birthday.

- **Polio (OPV or IPV) — 4 doses**  
(3 doses OK if one was given on or after 4th birthday)
- **Hepatitis B — 3 doses**  
(not required for 7th grade entry)
- **Measles, Mumps, and Rubella (MMR) — 2 doses**  
(Both given on or after 1st birthday)
- **Varicella (Chickenpox) — 2 doses**

These immunization requirements also apply to students entering transitional kindergarten.

All California schools are required to check immunization records for all new student admissions at TK/Kindergarten through 12th grade and all students advancing to 7th grade before entry. Parents must show their child's Immunization Record as proof of immunization.

## Medical Exemptions

**1. For admissions on or after July 1, 2019, what is required for a medical exemption to a required immunization?**

Starting January 1, 2021, all medical exemptions will be submitted electronically directly into the California Immunization Registry (CAIR) utilizing a standard form from a physician (MD or DO) licensed in California which states:

- The specific nature of the physical condition or medical circumstance of the child for which a licensed physician does not recommend immunization.
- Each specific required vaccine that is being exempted.
- Whether the medical exemption is permanent or temporary.
- If the exemption is temporary, an expiration date no more than 12 calendar months from the date of signing.

**2. For admissions prior to July 1, 2019, what is required for a medical exemption to a required immunization (per [17 CCR section 6051](#))?**

A parent or guardian must submit a written statement from a licensed physician (MD or DO) which states:

- That the physical condition or medical circumstances of the child are such that the required immunization(s) is not indicated
- Which vaccines are being exempted
- Whether the medical exemption is permanent or temporary.
- The expiration date, if the exemption is temporary.

**3. Does a medical exemption filed for a child attending before July 1, 2019, need to meet the new requirements?**

In some cases. A medical exemption filed previously remains valid until the earliest of:

- When the child is next considered to be an admission at a school or pre-kindergarten facility (applies to both temporary and permanent medical exemptions), at which time staff will need to confirm if the previously filed medical exemption meets the newer requirements, or
- The expiration date specified in the medical exemption (applies to temporary medical exemptions), or
- Advancement to 7th grade, for a medical exemption from varicella vaccine or Tdap.

**4. To meet the chickenpox immunization requirement for TK/K-12 admission or for advancement into 7th grade, may a school accept an immunization record that indicates a "history of chickenpox disease"?**

No, this is not sufficient documentation to meet school requirements. Medical exemption documentation may be used for a child who had chickenpox disease that was documented by a physician. For more information on medical exemption documentation requirements, see questions above.

## **Personal Belief Exemptions**

**5. What were the main changes Senate Bill (SB) 277 (Pan, 2015) made to the immunization requirements for children entering child care or school?**

Since January 1, 2016:

- Parents or guardians of students in any school or child-care facility, whether public or private, are no longer allowed to submit a personal beliefs exemption to a currently-required vaccine.
- Students are no longer required to have immunizations for entry if they attend:
  - a home-based private school or
  - an independent study program and do not receive classroom-based instruction.
- Students who have an individualized education program (IEP) should continue to receive all necessary services identified in their IEP regardless of their vaccination status.
- However, parents or guardians must continue to provide immunization records for these students to their schools, and schools must continue to maintain and report records of immunizations that have been received for these students.