

Trinity Lutheran School

940 Creston Rd.

Paso Robles, CA 93446

Phone: 805-238-0335

FAX: 805-238-0892

Application for Enrollment – 2019/2020 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		
Cell Provider & 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 2019-2020. 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

Enrollment Procedures	<ul style="list-style-type: none"> • Enrollment at Trinity is on an annual basis. • An application for enrollment must be filled out annually and received before the deadline for both continued and initial enrollment. • Application for enrollment does not constitute acceptance. • Once a family has been accepted, the registration procedure is mandatory and becomes part of the requirement for attendance at Trinity Lutheran School. • The registration/materials fee is not refundable and must accompany each application or the application will not be processed. • 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 1st – 8th Grade Students, including Trinity Preschool students entering Kindergarten. • In households where the parents are no longer together and have shared custody, a signature of both parents must accompany the application form. • A copy of an official birth certificate must be included in the enrollment packet. • No students will be admitted without proper proof of required vaccinations.
All New Enrollees	<ul style="list-style-type: none"> • 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. • Parents of new enrollees are required to present medical records and reports and fill out the parent questionnaire form. • 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.

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, 2019 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 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 _____