



# Trinity Lutheran School

406 S. Lakeview  
Sturgis, MI 49091  
(269) 651-4245

## ENROLLMENT FORM & STUDENT INFORMATION FOR KINDERGARTEN STUDENTS

Date \_\_\_\_\_

Please check which session you would prefer your child be placed in:

\_\_\_ Morning (7:50 a.m. – 10:50 a.m.) \_\_\_ Afternoon (11:30 a.m. – 2:30 p.m.) \_\_\_ no preference

*(At least 10 students are needed to have an afternoon session. Otherwise, those signing up for the afternoon will be placed in the morning session.)*

Describe any extenuating circumstances: \_\_\_\_\_

\_\_\_\_\_

*School administration will make the decision on class placement.*

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Parent's Marital status: Married \_\_\_

Separated \_\_\_ Divorced \_\_\_ Never married \_\_\_ Other \_\_\_\_\_

Who does the child live with:  Father  Mother  Other \_\_\_\_\_

Are there any stepparents?

Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_  
(Name) (name)

Church membership  Trinity  Other: \_\_\_\_\_  None

Has your child been baptized? \_\_\_\_\_ If so, when? \_\_\_\_\_

Name of last school attended \_\_\_\_\_ City \_\_\_\_\_

In which public school district do you live \_\_\_\_\_

Please list two adults who would assume responsibility for your child in an emergency

if neither parent can be reached:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

If your child stays with someone else part of the day, with whom does he/she stay

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Please list any names of people to whom your child is **NOT** to be released:

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Names of brothers and sisters (list oldest first)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Please add any special remarks about your child that would be helpful to a teacher, including health background, traumatic experiences, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A \$50 non-refundable enrollment fee, per child, is required when submitting this form. This fee will be applied to the book fee, which is due in August.

Before Trinity will accept a new student, the parents need to:

- meet with the principal to discuss what Trinity can offer your child, answer questions you may have, see where your child is at academically, and to tour our facilities.
- bring in a copy of your child's birth certificate
- bring in a copy of you child's most recent report card
- return this enrollment form and the enrollment fee

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**TUITION SCALE FOR THE  
2010 - 2011 SCHOOL YEAR**

Basic Tuition  
Kindergarten = \$1690

Active Members of Trinity  
Kindergarten = \$980

Registration/Book Fee (non-refundable) \$165 per student.

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*FOR OFFICE USE ONLY*

Date received \_\_\_\_\_ Date Enrolled \_\_\_\_\_

Date fee Rec. \_\_\_\_\_ Amount rec. \_\_\_\_\_

Check number \_\_\_\_\_