

# TRINITY LUTHERAN SCHOOL

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# ENROLLMENT APPLICATION

Kindergarten– 8<sup>th</sup> GRADE  
2017-2018 School Year

## "BUILDING A FOUNDATION FOR LIFE"

### STUDENT INFORMATION (please print)

**Student #1** (circle one) K- full day 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

School District \_\_\_\_\_ School last attended \_\_\_\_\_

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

Child **primarily** resides with: (check **one**) \_\_\_ both (one residence) \_\_\_ Mother \_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_ Yes \_\_\_ No \_\_\_ Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

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**Student #2** (circle one) K- full day 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

School District \_\_\_\_\_ School last attended \_\_\_\_\_

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

Child **primarily** resides with: (check **one**) \_\_\_ both (one residence) \_\_\_ Mother \_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_ Yes \_\_\_ No \_\_\_ Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

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**Student #3** (circle one) K- full day 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

School District \_\_\_\_\_ School last attended \_\_\_\_\_

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

Child **primarily** resides with: (check **one**) \_\_\_ both (one residence) \_\_\_ Mother \_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_ Yes \_\_\_ No \_\_\_ Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

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(To enroll more than 3 students, please ask in the school office for an additional student information page.)

**FAMILY INFORMATION:** (please print)

**Father's Full Name** \_\_\_\_\_

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

Home Phone # \_\_\_\_\_ Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Trinity Lutheran \_\_\_\_\_ Other (please list) \_\_\_\_\_ None \_\_\_\_\_

**Mother's Full Name** \_\_\_\_\_

(if different from father) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Education: \_\_\_\_\_ High School \_\_\_\_\_ College \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Church Membership: \_\_\_\_\_ Trinity Lutheran \_\_\_\_\_ Other (please list) \_\_\_\_\_ None \_\_\_\_\_

**Names & birthdates of children in family not enrolled in TLS:**

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

**EMERGENCY CONTACTS:**

The school staff will always try to contact the parents first in the event of an illness or emergency concerning your child(ren). However, if we are unable to reach you, please list two names below (in order of preference) that we can call: (please print)

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

**TRANSPORTATION:**

Student(s) (check one) \_\_\_\_\_ will \_\_\_\_\_ will not be riding the Paw Paw school buses to/from school.

The following people also have permission to pick up our child(ren)--you may add to or delete from this list any time during the course of the school year: (please print)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

We hereby give permission to Trinity Lutheran School for our child(ren) to be transported by Paw Paw School Bus for field trips or other school function purposes. (**Please initial** \_\_\_\_\_)

**CHILD(REN)'S MEDICAL INFORMATION:** (please print)

Doctor: \_\_\_\_\_  
(Name) (Office Address) (Office Phone #)

Dentist: \_\_\_\_\_  
(Name) (Office Address) (Office Phone #)

Health Insurance Policy Name and Number: \_\_\_\_\_

My child(ren) is/are in good health and able to participate in school activities with \_\_\_no restrictions / \_\_\_restrictions as listed. (**Please initial** \_\_\_\_\_)

In the event of a medical emergency concerning our child(ren), we hereby give Trinity Lutheran School permission to seek medical attention at Lakeview Community Hospital, Paw Paw. (**Please initial** \_\_\_\_\_)

Grades 3-8 only ~ My child(ren) has/have permission to participate in interscholastic sports. (**Please initial** \_\_\_\_\_)

**\*\*Photo Disclaimer:** By enrolling your child(ren) at Trinity Lutheran School you are also granting general permission for still and live photography to be captured by TLS for purposes of marketing and public relations. No names are used with pictures. (Any family with a special circumstance is obligated to inform the office in writing of their inability to participate in this way.)

*We want a Christ-centered education for our child(ren). It is for that reason we are enrolling our child(ren).*

*We want Christ in our family life, also. To this end we commit ourselves to regular church attendance, family devotions and Bible study.*

*We plan to set a proper example for our child(ren) and we expect them to grow in leading a sanctified life. Love, repentance and forgiveness will be important parts of this life in Christ.*

*We ask God's help in this endeavor.*

\_\_\_\_\_  
Father's signature and date

\_\_\_\_\_  
Mother's signature and date

\*\*If you are new to our school and were referred to us by a current TLS family, please indicate below:\*\*

REFERRED BY: \_\_\_\_\_

Office Use Only:  
Received \_\_\_\_\_  
Enrollment fee \_\_\_\_\_  
Data Ent. \_\_\_\_\_

**STUDENT INFORMATION** (please print)

**Student #4** (circle one) Young 5's K- Full Day 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

School District \_\_\_\_\_ School last attended \_\_\_\_\_

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

Child **primarily** resides with: (check **one**) \_\_\_ both (one residence) \_\_\_ Mother \_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_Yes \_\_\_No \_\_\_Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

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**Student #5** (circle one) Young 5's K- Full Day 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

School District \_\_\_\_\_ School last attended \_\_\_\_\_

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

Child **primarily** resides with: (check **one**) \_\_\_ both (one residence) \_\_\_ Mother \_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_Yes \_\_\_No \_\_\_Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

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**Student #6** (circle one) Young 5's K- Full Day 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup>

Child's Legal Name \_\_\_\_\_  
(Last) (First) (Middle)

School District \_\_\_\_\_ School last attended \_\_\_\_\_

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

Child **primarily** resides with: (check **one**) \_\_\_ both (one residence) \_\_\_ Mother \_\_\_ Father

Has this child been baptized in the name of the Father, Son and Holy Spirit? \_\_\_Yes \_\_\_No \_\_\_Dedicated

Medical Information school staff should be aware of (**allergies**, medications, health problems, activity restrictions):

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