

# Trinity Lutheran School

300 Broad Street  
Menasha, WI 54952  
(920) 725-1715

## ENROLLMENT FORM

Student's Name: \_\_\_\_\_  
Last First MI Preferred Name

Address: \_\_\_\_\_  
Street City Zip

Home Telephone # \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F Sex Race \_\_\_\_\_

### Class or Grade Applying For (Circle One)

K4 K5 1 2 3 4 5 6 7 8

Father's Name Home Address (if different from above) Email Address

Father's Employer Work Number Pager/Cellular Number (Please circle one)

Mother's Name Home Address (if different from above) Email Address

Mother's Employer Work Number Pager/Cellular Number (Please circle one)

May Father's address, phone #, and email be listed in school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No  
May Mother's address, phone #, and email be listed in school directory? \_\_\_\_\_ Yes \_\_\_\_\_ No

Parents are: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Mother Re-married

\_\_\_\_\_ Father Re-married \_\_\_\_\_ Natural Father Deceased \_\_\_\_\_ Natural Mother Deceased

\_\_\_\_\_ Step-parent(s) \_\_\_\_\_ Grandparents

With whom does applicant live? \_\_\_\_\_

Who is financially responsible for tuition & fees? \_\_\_\_\_

Is there any special child custody arrangements that the school should be aware of? Yes No

**\*\*Please attach custody documents for school files\*\***

Please list the name and birthdates of any other children in the family:

Name	Birth date	Name	Birth date

Recommended to Trinity by: \_\_\_\_\_

**FAMILY WORSHIP LIFE**

Church Name & Address \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Check one of the following:  Lutheran Church/Missouri Synod  Lutheran Church/Other Synod  
 Non Lutheran Congregation  We have no church membership at this time

Is your family active in your church:  Yes  No

Is you child baptized?  Yes (Date of Baptism: \_\_\_\_\_)  No

**SCHOOL HISTORY**

Most Recent School Attended & School's Address \_\_\_\_\_ Phone # \_\_\_\_\_

Has your child ever attended Trinity?  Yes  No If yes, when? \_\_\_\_\_

Has your child ever been suspended or dismissed from school?  Yes  No If yes, please explain \_\_\_\_\_

Has your child ever been involved in circumstances, which led to an investigation by civil authorities?  Yes  No If yes, please explain \_\_\_\_\_

Does you child take regular medication for any conditions?

Yes  No If yes, please explain \_\_\_\_\_

Does your child have any allergies (including food allergies)?  Yes  No If yes, please explain \_\_\_\_\_

\_\_\_\_\_  
Father's Signature (or legal guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature (or legal guardian)

\_\_\_\_\_  
Date

**All questions on this Enrollment form must be answered and will be treated confidentially. False or misleading information, if later revealed as such, constitutes grounds for dismissal.**