

Trinity Lutheran School

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

ENROLLMENT FORM (Revised 6-30-21)

Student's Name: _____
Last First MI Preferred Name

Address: _____
Street City Zip

_____ M F
Contact Telephone # Date of Birth Sex

Class or Grade Applying For (Circle One)

PS3 4K K5 1 2 3 4 5 6 7 8

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

Father's Employer Employer Contact #

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

Mother's Employer Employer Contact #

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 _____ Other

With whom does the child live? _____

Who is financially responsible for tuition & fees? _____

Are 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 Would like to be contacted by or Pastor or Co

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 student dismissal.