Trinity Lutheran school

Student Enrollment Form

School Year: Family Last Name:		New or Current Family:	
First Name:	Middle:	Last Name:	
Preferred First:	Male or Female:	Religion: B	aptismal Birthday:
Grade Entering: families get first choice, follow	AM or PM Preference (wed by active Trinity Lutheran Chu	Pre-K only):(F rch members, then inactive/r	
Date of Birth:	City and State of Birth:		
	y): Both Parents Mother Father Other (please indicate):		Father/Stepmother
-	ecord the Race/Ethnicity of every child. Nonicity and not a racial group. If you are		
Are you Hispanic/Latino or o	f Spanish origin? (Circle one): Yes/	'No	
Circle all that apply from the	following racial groups: Americ	an Indian/Alaska Native	Asia
Black/African	American Native Hawaiia	n/Pacific Islander	White
Previous Public School and D	istrict Area: ?? 504 plan?		
	MEDICAL INFO	RMATION	
Please list any medications the second secon	nis child takes:		
Does this student have any h	ealth concerns?		
Allergies:			
May we give any of the follow	wing to your student? (Indicate "y	ves" or "no"): Tylenol A	Advil Tums
	<pre>ns? (If yes, please provide a page and dosage must be on the pr</pre>		cian's order to dispense
Is there any additional inform	nation we should know about?		
Parent Signature:		Date:	
Parent Signature:		Date:	