

Trinity Lutheran School
5520 NE Killingsworth Street
Portland, Oregon 97218
(503) 288-6403

Application for Enrollment
for School Year 2009-2010

For office use only

Date app. rec'd _____
Deposit/Ed Fee _____
Immunization/CIS _____
SMART app. Completed _____
Interview with Principal _____
Screening done by teacher (1-8) _____
Notified of Admission _____

Entering Grade: _____

For **Kindergarten**, please indicate: Morning _____ (8:20 to 11:15) or Full Day _____ (8:20 to 3:00)
For **Prekindergarten**, please indicate: 3 Day (Tues, Wed., Thurs.) _____ 5 Day (M-F) _____ (8:20 to 11:15)
For **Preschool** (3 years old by 9/1/2009) 3 Day (T-W-Th) _____ 5 Day (M-F) _____ (8:20 to 11:15)

Child's Last name: _____ First name _____ Mid.In'l _____ Male _____ Female _____

Street Address _____ City, State, Zip _____

Home Phone _____ Country of Birth _____

Birth date _____ Baptism Date _____

Name of Child's/Family Church: _____

City: _____ Denomination/Synod _____

Father's Full Name _____ Mother's Full Name _____

Father's Work Place _____ Mother's Work Place _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

E-Mail Address _____ (please print legibly)

Alternate E-Mail Address _____ (please print legibly)

Child's Previous Education:

School Attended: _____ Location _____ Date _____

School Attended: _____ Location _____ Date _____

Parents' Marital Status: Married _____ Divorced _____ Single Parent _____

Child is living with: Both Parents _____ Mother _____ Father _____ Other _____

Please explain

Please complete information on reverse side and sign. Thank you

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Brothers and/or sisters:

Names:

Ages:

_____	_____
_____	_____
_____	_____
_____	_____

Please answer the following question:

In terms of our "Finder's Fee" Policy, did a family refer you to Trinity Lutheran School?

____ Yes ____ No

If yes, please name that family. _____

I make application for my child to attend Trinity Lutheran School for the 2009-2010 school year.

I have enclosed the Education Fee deposit with this application.

(See the fee schedule for the appropriate amount to be enclosed)

Father's Signature

Mother's Signature

Legal Guardian's Signature

Date of Application: _____

I will pay the tuition for my child or children using one of the following options:

- _____ 10 Month Plan (August to May) *
- _____ 12 Month Plan (June to May) *
- _____ 2 Payment Plan (1/2 in August; 1/2 in January) *
- _____ Full Payment Plan (If paid in full by August 20, a 3% discount will be applied)

*The SMART Tuition Management Plan will be used. An enrollment form and a coupon book will be provided for you.