

Trinity Lutheran School
5520 NE Killingsworth St.
Portland, OR 97218
503-288-6403



www.trinityportland.org

**Application for Admission
2010/2011 Academic Year**

*Applications will not be accepted without
the Education Fee deposit.*

For office use only

Date app. Rec'd _____
Deposit/Ed Fee _____
Immunization/CIS _____
SMART app. Completed _____
Interview w/Adm. _____
Screening done by Tchr. _____
Notified of Admission _____

Application for Grade (Circle one): PK3 PK4 K 1 2 3 4 5 6 7 8

Kindergarten (age 5 by 9/1/09) (check one): AM(8:20-11:15am) All Day(8:20am-3:00pm)

Preschool (age 3 by 9/1/09) (8:20-11:15) (check one): 3 Day (T-Th) 5 Day (M-F)

PK (age 4 by 9/1/09) (8:20-11:15) (check one): 3 Day (T-Th) 5 Day (M-F)

STUDENT INFORMATION (Please print name exactly as it should appear on all permanent records)

STUDENT'S FULL NAME: Last _____ First _____ Middle _____

Street Address _____ City, State _____

Zip Code _____ Home Phone _____ Cell Phone _____

Parents/Legal Guardian's E-mail address(es): _____

Date of Birth ____/____/____ Place of Birth _____ Check one: M F

Country of Birth _____ Baptismal Date: ____/____/____

Applicant lives with (check all that apply): Father Stepfather Grandparent Mother
Stepmother Guardian

Father's Name: _____ Mother's Name _____

Father's Occupation: _____ Mother's Occupation: _____

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

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

Parents' Marital Status: Married Divorced Single Parent

Name of Child's/Family Church: _____ **Denomination** _____

City/State: _____ Pastor: _____

Are you an alumnus of Trinity? Yes No If yes, what year(s)? _____ Maiden Name? _____

Did a current TLS family refer you to Trinity Lutheran School? Yes No

If yes, please name the family.

1. Has applicant ever been retained? Yes No If yes, briefly explain.

2. Has applicant ever been tested or received special help for a reading difficulty or learning difficulty? Yes No If yes, describe the results and include a copy of the report(s).

3. Has the applicant ever been diagnosed for or enrolled in any special education program or special school (i.e.: resource room, learning disability placement, attention deficit, etc.)? Yes No If yes, please explain.

4. Does the applicant regularly require medication? Yes No If yes, please explain.

5. Has the applicant ever received severe disciplinary censure at school or from the community? Yes No If yes, please explain.

6. Why do you desire to have your child at Trinity Lutheran School?

Previous School _____ Address/City/State _____

I hereby make application for my child to attend Trinity Lutheran School for the 2010/2011 school year. In addition to the 'Application' I am also including the following documents (check **ALL** boxes pertinent to the applicant):

- Financial Aid Application (optional)
- Teacher Recommendation Form (required unless this is applicant's first school experience)
- Confidential Student Profile (required)
- Most recent report card from previous school (required unless this is applicant's first school experience)
- Most recent scholastic aptitude test results (required unless this is applicant's first school experience)

Name(s) of Sibling

Age of Sibling(s)

Parent/Legal Guardian Signature _____ **Date** _____