

# Registration Information for Kindergarten through 5th Grade

2010 - 2011 Kindergarten - Fifth Grade Tuition: \$3,850.00

Registration / Enrollment Fee (Not applied to tuition and non-refundable)

Fee includes: 2010-2011 School Polo, Assignment Book, Art Supplies, Oil Pastels, 4th grade recorder and book. Bibles for 2nd graders and new students.

Currently enrolled Trinity Students (Now through February 28, 2010) and new students: **\$150.00 per student**

Currently enrolled Trinity Students (March 1, 2010 and after): **\$180.00 per student**

**++MULTIPLE CHILD DISCOUNTS APPLY FOR CHILDREN IN K-5TH GRADES ONLY++**

**PLEASE INCLUDE REGISTRATION FEE WITH THIS APPLICATION.**



\*\*\*\*\* **Medical Information** \*\*\*\*\*

## Doctor Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_

## Dentist Information

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_

## If the need arises, which hospital would you prefer your child to be taken to?

\_\_\_\_\_ Bryan LGH East

\_\_\_\_\_ Bryan LGH West

\_\_\_\_\_ St. Elizabeth's Regional Medical Center

\_\_\_\_\_ Any

## Consent to Treat

I \_\_\_\_\_, hereby give my permission to the teachers/staff of Trinity Lutheran School to administer BASIC 1st AID treatment to my child, \_\_\_\_\_. This includes, but is not limited to anti-bacterial, anti-itch, and burn cream ointment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2010-2011 Trinity Lutheran School Kindergarten - 5th Grade Application Form

1200 N 56th St.  
Lincoln, NE 68504

Phone: 402-466-1800  
Fax: 402-466-1820

Website: www.trinitylcms-lincoln.com



**This application must be accompanied with the enrollment fee & current immunization records**

We are members of \_\_\_\_\_ Church

New students only: Referred to Trinity Lutheran School by: \_\_\_\_\_

## Child's Information

Last Name	First Name	MI	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security #	Date of Birth	Baptism Date	Gender: M F
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Known Allergies	Ethnic Origin: <i>(please circle one)</i>
<input type="text"/>	African / American    White / Caucasian    Hispanic American Indian    Asian / American    Other

## Father's Information

Last Name	First Name	MI	Primary Parent
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email <i>(to notify parents from school office)</i>	Social Security Number
<input type="text"/>	<input type="text"/>

## Mother's Information

Last Name	First Name	MI	Primary Parent
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No

Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email <i>(to notify parents from school office)</i>	Social Security Number
<input type="text"/>	<input type="text"/>

## SIGNATURE:

The completion of this application form and the signature of the parent or guardian constitutes an agreement that the tuition and other fees for this student will be paid and that the policies as set forth by the School Board will be honored.

\_\_\_\_\_  
(Signature of Parent / Guardian) \_\_\_\_\_ Date

Office use: Date received \_\_\_\_\_ Fee paid \_\_\_\_\_ Birth Cert \_\_\_\_\_ Immunizations \_\_\_\_\_  
 Subsidy \_\_\_\_\_ MCD \_\_\_\_\_ CWD \_\_\_\_\_ Schshp \_\_\_\_\_  
 Scrip: \_\_\_\_\_ HS \_\_\_\_\_ LL \_\_\_\_\_ RLC \_\_\_\_\_ TLC \_\_\_\_\_ MCD \_\_\_\_\_ Acct. Credit \_\_\_\_\_