

Trinity Lutheran Academy
110 SW 11th Street
Fort Lauderdale, FL 33315
954-463-7471

Enrollment Application – Kindergarten through Eighth

Date ___/___/___ Applying for Grade ___ School Year ___/___

Choice of Billing Plan: ___ Monthly ___ Pre-Pay Yearly ___ Scholarship (McKay or SUFS)

Name of Child _____

Name of Mother _____

Name of Father _____

Guardian (if other than Mother or Father) _____

Address _____ City _____ State _____ Zip Code _____

Telephone # _____ Cell Phone # _____ E-mail _____

May we publish your family's information in the school directory? Yes _____ No _____

Father (or guardian's) place of employment _____

Mother's (or guardian's) place of employment _____

Age of child _____ Date of birth _____ Social Security # _____

Child Lives with: _____ Father _____ Mother _____ Guardian
_____ Stepfather _____ Stepmother _____ other

Check here if situation applies: _____ Father deceased _____ Mother deceased
_____ Parent's separated _____ Parent's divorced _____ Child is adopted

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name and address of church that family attends _____

Is child baptized? _____ How often do you attend church? _____

Name of public school district in which you reside _____

Who will transport child to and from school? _____

List all schools your child has attended and years of attendance:

Has your child experience any difficulty with school? _____ if so please explain: _____

What grades, if any, has your child repeated? _____

Is special care of any kind necessary for your child's welfare? _____

If so explain, include medications _____

Names of other children in your family _____

How did you hear about our school? _____

What convince you to enroll your child at Trinity Lutheran Academy? _____

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Having fully and satisfactory acquainted myself with the program, policies and regulations of Trinity Lutheran Academy, I here with make application for admission of my child and pledge my complete cooperation with the administrative and educational policies of Trinity Lutheran Academy.

Signed _____ Date _____

Signed _____ Date _____

A registration fee of \$150.00 must accompany this application. If the application is not accepted, the registration fee will be refunded.

Blessed Are You...

Matthew 5:1-12 (ESV)

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Office Use Only

Date Registration Fee Received ___/___/___ Check Number or Cash _____

Teacher Approved Yes ___ No ___ Date Approved _____

School Board Approved Yes ___ No ___ Date Approved _____

Comments _____
