

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.

The fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, self-control; against such things there is no law.

Galatians 5:22-23

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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 _____
