

Trinity Lutheran School Application for Admission

EMERGENCY CONTACT - IN CASE PARENTS CANNOT BE REACHED

(do not list parents)

Primary (name, phone, relationship) _____

Secondary (name, phone, relationship) _____

Where does student go in event of weather-related emergency? _____

Student's doctor _____ Phone _____

Student's dentist _____ Phone _____

Hospital preference (circle one) Mercy St Luke's No preference

Who may we thank for referring you to Trinity? _____

ADMISSIONS POLICY: *Trinity Lutheran School admits students of any race, sex, color, national and ethnic origin to all the rights and privileges, progress and activities generally accorded or made available to students at the school. It does not discriminate based on race, sex, color, national and ethnic origin in administration of its educational policies and athletic or other school-administered programs.*

PARENTAL PLEDGE OF SUPPORT

We, the parents (primary care givers), pledge our full support and cooperation to the faculty of Trinity Lutheran School with regard to the work and conduct required of our child. We further pledge our support of Christian education in our home through our example and by worshiping regularly with our child. We agree to make tuition payments on time and to promptly meet other financial obligations as they arise. We will pray regularly for the Ministry of Trinity Lutheran School.

FATHER'S SIGNATURE _____ **DATE** _____

MOTHER'S SIGNATURE _____ **DATE** _____

Return completed application with \$20 application fee by mail to:

*Trinity Lutheran School Attn: Admissions
1361 7th Ave SW, Cedar Rapids, IA 52404*

Questions about the admission process? Contact us:

*Jodi Jonasson, Development Director
319-362-6952, ext. 231
JonassonJ@TrinityCR.org*

*Lisa Galvin, School Secretary
319-362-6952, Ext 227
GalvinL@TrinityCR.org*

Office Use-	Application Fee Pd Date: _____	Check #: _____	Letter sent: _____
	Book Fee Paid Date: _____	Check # _____	
	Contract _____	Database _____	Email list _____