

# Application for Admission

Applying for Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First Middle Initial



Focused on Excellence ~ Centered in Christ

Please return this application along with the \$50 application fee and other required documents to:

**Trinity Lutheran Church & School · A Ministry of the Lutheran Church – Missouri Synod**  
1611 California Avenue, Wahiaawa, HI 96786 · Phone (808) 621-6033 · [office@tls-hawaii.org](mailto:office@tls-hawaii.org)  
Stephen H. Becker, PhD, Pastor · Kyle D. Klemp, Principal  
[www.tls-hawaii.org](http://www.tls-hawaii.org) · social media @tlshawaii

## STUDENT INFORMATION

Name (Last, First, Middle):		
Preferred Name:	Current Grade:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth:	Age:	Birthplace (City, State):
Primary Address:		
Student lives with <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Step-father <input type="checkbox"/> Step-mother <input type="checkbox"/> Grandparent/s (check all that apply): <input type="checkbox"/> Other (please explain)		
Student lives at (please check one): <input type="checkbox"/> One location <input type="checkbox"/> Two locations <input type="checkbox"/> More than two locations		
Are parents divorced: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes; please attach a copy of Custody Agreement.)		
Student's Baptismal Date:	Name & Location of Home Church:	
How did you hear about Trinity Lutheran School? (If referred, please include name.)		

Please list all schools attended from 1<sup>st</sup> grade through present. Start with current school.

Dates Attended	Grade/s	Name of School (include City, State, Zip)

Has the applicant repeated or skipped a grade? \_\_\_\_\_ Grade: \_\_\_\_\_

Explain: \_\_\_\_\_

## SUPPLEMENTARY STUDENT INFORMATION

Please tell us about your reasons for applying to Trinity Lutheran School:

In what ways do you believe your child will contribute to the Trinity Lutheran School community?

Has your student ever been diagnosed with any type of learning disability?  Y  N

If yes, please explain:

Does your student take prescription medication for a learning or attentiveness diagnosis?  Y  N

If yes, please explain:

Has your student ever been diagnosed with any type of social, emotional, or behavior condition?

Y  N If yes, please explain:

Has your student ever been subject to serious behavior or academic disciplinary measures, placed on probation, suspended, expelled, or asked to withdraw from any school?

Y  N If yes, please explain:

Was your student excessively tardy or absent from school more than 10 days during the past school year?

Y  N If yes, please explain:

## EXTRACURRICULAR & CO-CURRICULAR ACTIVITIES

ACTIVITY	YEARS	ACCOMPLISHMENTS, AWARDS, ETC...

## FAMILY INFORMATION

FATHER or LEGAL GUARDIAN		MOTHER or LEGAL GUARDIAN	
Name (Last, First):		Name (Last, First):	
Employer &/or Military Branch of Service:		Employer &/or Military Branch of Service:	
Cell Phone:	Alternate Phone:	Cell Phone:	Alternate Phone:
Home address (if different from child):		Home address (if different from child):	
City:	State & Zip Code:	City:	State & Zip Code:
Email address:		Email address:	

SIBLING NAME	AGE	GRADE	APPLYING TO TLS?

## ADMISSION POLICY

Trinity Lutheran School admits students of any race, color, gender, nationality, and ethnic origin to activities generally accorded or made available to students at the school. We do not discriminate on the basis of race, color, gender, nationality, and ethnic origin in the administration of our educational policies, admission policies, scholarship programs, athletics, and other school-administered programs. Children with special needs are accepted on a non-discriminatory basis as long as our staff and our facility are able to meet their specific needs.

## PARENTAL PLEDGE OF SUPPORT

We, the parents/guardians of this student applicant, pledge that we will give our full support to the administration, faculty, and staff of Trinity Lutheran School with regard to the mission, vision, and philosophy of the school, as well as with regard to the work and conduct required of our child. We further pledge that we will partner with Trinity Lutheran School in Christian education in our home through example by word and deed. We pledge that we will make tuition payments on time and promptly meet other financial obligation as they arise, as well as give of our time and talent for the sake of contributing to the overall ministry of the school, including regular prayer.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_