

Trinity Lutheran School Student Application

INSTRUCTIONS

Upon completing this form, kindly save it to your device and email it to <u>admissions@tls-hawaii.org</u>. Once the school office receives the application, you will be emailed an invoice for the application fee of \$52.

If applying for first grade and above, please email:

- A copy of the applicant's most recent report card and the previous school year's final report card.
- A copy of the most recent standardized test scores (if available).
- A <u>TEACHER REFERENCE FORM</u> (teacher should be a current school year teacher and be sent from the teacher directly).

ADULT CONTACT	FOR THIS APPLICATION	
Name:		Email address:
Cell Phone:		
ABOUT THE APPLI	CANT	
Grade applying for:	School year applying for:	Current grade:
Last Name :	First Name:	
Middle Name :	Pro	eferred Name:
Date of Birth :	Gender : Ma	ale Female
Place Of Birth :		
Date of Baptism:	Name of home c	hurch:
Present Address :		
City:	State:	Zip Code :
Student lives with (select all	that apply):	
Father Mother	Step-father Step-m	oother Grandparent(s)
Other (please specify)		
Student lives at (select one):	One location Two locations	Other (please specify)
Are parents divorced?:	Yes No If Yes, please provide	copy of custodial agreement.
Has the applicant skipped a	grade? Yes No If Yes, please	e explain & specify grade:
LIST ALL SCHOOLS ATTEND	ED	
Grade levels attended; Name	of School; Location:	
Grade levels attended; Name	of School; Location:	

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Grade levels attended; Name of School; Location:	
Grade levels attended; Name of School; Location:	
SUPPLEMENTARY STUDENT INFORMATION	
Please tell us about your reasons for applying to Trini	ty Lutheran School.
In what ways do you believe your child will contribute	e to the Trinity Lutheran School community?
Has your student ever been diagnosed with any type	of learning disability?
Does your student take prescription medication for a	learning or attentiveness diagnoses?
Yes No If Yes, please describe:	
Has your student ever been diagnosed with any type	of social, emotional, or behavior condition?
Yes No If Yes, please explain:	
Has your student ever been subject to serious behavi expelled, or asked to withdraw from any school?	or or academic disciplinary measures, placed on probation, suspended,
Yes No If Yes, please explain:	
Was your student excessively tardy or absent from so Yes No If Yes, please explain:	chool more than 10 days during the past school year?
EXTRACURRICULAR & CO-CORRICULAR ACTIVITIES	
Activity; Years; Accomplishments; Awards, etc	
Activity; Years; Accomplishments; Awards, etc	
Activity; Years; Accomplishments; Awards, etc	

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FAMILY INFORMATION

Father or Legal Guardian		
Name (Last, First):		
Cell Phone:	Alternate Phone:	
Email address:		
Employer &/or Military Branch of Service	:	
Address (if different than child):		
City:	State:	Zip Code :
Mother or Legal Guardian		
Name (Last, First):		
Cell Phone:	Alternate Phone:	
Email address:		
Employer &/or Military Branch of Service	:	
Address (if different than child):		
City:	State:	Zip Code :
How did you hear about Trinity Lutheran	School?	
Internet Search Social N	∕ledia	
Other (please specify)	Re	eferred by:
or made available to students at the schoo origin in the administration of our education	 We do not discriminate on the bas nal policies, admission policies, schol cial needs are accepted on a non-dis 	and ethnic origin to activities generally accorded sis of race, color, gender, nationality, and ethnic plarship programs, athletics, and other school scriminatory basis as long as our staff and our
PARENTAL PLEDGE OF SUPPORT		
staff of Trinity Lutheran School with regard work and conduct required of our child. W education in our home through example by	to the mission, vision, and philosoph e further pledge that we will partner word and deed. We pledge that was they arise, as well as give of our tir	·
#1 Parent/Guardian Signature:		Date:
#2 Parent/Guardian Signature:		Date:
OPEN HOUSE WAIVED CODE:		

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