

Trinity Lutheran School

1165 Westmore-Meyers Road | Lombard, IL 60148

630.627.5601 www.TrinityLombard.org

2018-2019 K- 8th grade Registration Form

Registration Fee: \$50.00 Before May 4th; \$75 Before August 1st; \$100 After August 1st (non-refundable)

Grade Level for 2018-2019 (K-8) _____ (Please write grade level here)

Student's Name _____
(Last) (First) (Middle)

Student's Birth Date _____ Sex _____

Family's Last Name _____ Home Phone Number _____

Mother cell phone _____ Father cell phone _____

Address, City & Zip Code _____

E-Mail Address (s) _____

Father's/Guardian's Name _____ Occupation _____

Employer _____ Work Phone _____

Mother's/Guardian's Name _____ Occupation _____

Employer _____ Work Phone _____

How did you hear about our school? _____

Where does your family hold church membership? _____

Does family attend church regularly? YES NO Does child attend Sunday School? YES NO

Has child been baptized? YES NO Baptism Date _____

IF YOU ARE NOT AT HOME, WHO CAN WE CALL SHOULD YOUR CHILD APPEAR TO HAVE A MINOR ILLNESS, OR IN THE EVENT YOU CANNOT BE REACHED IN AN EMERGENCY SITUATION?

It is very important that you list the name of a friend or relative who would be willing to accept responsibility for your child should he or she become ill at school. Please be sure to list the name of someone you know who would be willing to accept the responsibility of picking up your ill child at school and taking them home.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

IF NEITHER PARENT CAN BE CONTACTED, I AUTHORIZE SCHOOL AUTHORITIES TO TAKE SUCH EMERGENCY MEASURES AS THEY DEEM NECESSARY.

Family Physician _____ Phone _____

Please list your child's allergies, medications, or important medical history below

Please note if any of the above information changes during the school year, it is the parent's responsibly to contact the school office with these changes.

SIGNATURE Parent/Guardian _____ DATE _____

Student's Name _____
(Last) (First) (Middle)

2018-2019 Parent/School Contract

I/We _____ understand that the tuition and fees for my child(ren) are per 2018-2019 invoice. All fees are due on or before the first day of school.

TERMS & CONDITIONS – INITIAL EACH TERM/CONDITION

- ___ I agree to pay my tuition on or before the 1st of each month/week, beginning September 1, 2018..
- ___ I understand and agree that I am contractually responsible to Trinity for payment of the full balance of tuition and any unpaid fees/costs.
- ___ I understand and agree that Trinity has the right to employ any means at its disposal, up to and including legal action, to collect past due tuition and fees, and that I will be liable to Trinity for the reimbursement of all resulting expenses in doing so, including any applicable court costs and attorney fees.
- ___ I understand and agree that there is no reduction of tuitions/fees for absence due to illness or personal reasons.
- ___ I understand and agree that a one month written notice of withdrawal be made in advance; otherwise, I am liable for a full month's tuition/fees payment.
- ___ I understand and agree that Trinity reserves the right to terminate enrollment of any child if, in the opinion of the teacher, principal, and school board, continued attendance would not be in the best interest of either the child or Trinity.
- ___ I understand and agree that in order to receive my child's last report card/transcripts I must have paid my child's tuition in full and have no prior outstanding balance.

2018-2019 Student Video and Photograph Consent Form

During the 2018-2019 school year, Trinity Lutheran School occasionally photographs and/or takes video of students and activities that happen during the school day and at important school events. The purpose of this parental/guardian consent form is to obtain permission for your child to appear in videos or photographs created for the purpose of documenting important school events.

Photographs and videos of students at Trinity Lutheran School will be taken for the purpose of celebrating student achievement and sharing educational programs with the community. Your child may appear in one or more of these videos throughout the school year. **Under no circumstances will Trinity release personally identifiable information with such images or videos.**

Please check one of the following options:

- I/We GRANT permission for a photo/image of this student to be shared by Trinity Lutheran School in promotional materials.
- I/We DO NOT GRANT permission for a photo/image of this student to be shared by Trinity Lutheran School in promotional materials.

Student's name (please print) _____

Name of Parent/Guardian (please print) _____

Parent/Guardian signature _____ Date _____

HAVING ENROLLED MY CHILD IN TRINITY LUTHERAN SCHOOL, I AGREE TO THE FOLLOWING:

1. To allow my child to be taught Bible history and the teachings of the Christian faith as held by The Lutheran Church.
2. To acquaint myself with the policies and guidelines set forth in the school handbook.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Trinity Lutheran School is owned and operated by Trinity Lutheran Church for the Christian education of children. We consider it a privilege to nurture children in the love of Christ. We believe that it is important for parents and teachers to work together to accomplish this goal.

Student's Name _____
 (Last) (First) (Middle)

2018-2019 Forms Required (*for Office Use Only*)

Kindergarten

- Health Exam Form - **REQUIRED**
- Dental Exam Form - **REQUIRED**
- Eye Exam Form - **REQUIRED**
- Birth Certificate (if new student)

Received By

Initials _____
 Initials _____
 Initials _____
 Initials _____

1st Grade

- Health Exam Form (if new student) Initials _____

2nd Grade

- Health Exam Form (if new student) Initials _____
- Dental Exam Form - **REQUIRED** Initials _____

3rd Grade

- Health Exam Form (if new student) Initials _____

4th Grade

- Health Exam Form (if new student) Initials _____

5th Grade

- Health Exam Form (if new student) Initials _____

6th Grade

- Health Exam Form - **REQUIRED** Initials _____
- Dental Exam Form - **REQUIRED** Initials _____
- Tdap Booster - **REQUIRED** Initials _____

7th Grade

- Health Exam Form (if new student) Initials _____
- Tdap Booster (if new student) Initials _____

8th Grade

- Health Exam Form (if new student) Initials _____
- Tdap Booster (if new student) Initials _____

DOCUMENT DISTRIBUTION

Document Name	Date
<input type="checkbox"/> Parent/Student Handbook	_____
<input type="checkbox"/> Calendar	_____
<input type="checkbox"/> Supply List	_____
<input type="checkbox"/> Shop with Scrip	_____
<input type="checkbox"/> Before and After Care	_____
<input type="checkbox"/> Ways to Pay	_____
<input type="checkbox"/> Tuition Policy (if applicable)	_____

REFERRAL (note billing name of referring family): _____

- | | | | |
|--|----------|--|----------|
| <input type="checkbox"/> Registration Fee | \$ _____ | <input type="checkbox"/> Supply Fee | \$ _____ |
| <input type="checkbox"/> Activity Fee | \$ _____ | <input type="checkbox"/> Gym Fee | \$ _____ |
| <input type="checkbox"/> Milk Fee | \$ _____ | | |
| <input type="checkbox"/> Tuition Rate and Type | \$ _____ | Circle One – Community / Lutheran Church / LCMS / TLC | |

Amount Received \$ _____ **Date** _____ **Check/Receipt #** _____

- | | Initials/Date |
|--|---------------|
| <input type="checkbox"/> Updated Registration Spreadsheet | _____ / _____ |
| <input type="checkbox"/> Added email addresses to Contacts | _____ / _____ |
| <input type="checkbox"/> Added email addresses to current year distribution list | _____ / _____ |
| <input type="checkbox"/> Added as School Family in ACS | _____ / _____ |