



Welcome to Green Bay Trinity Lutheran School. This application will help us to get to know your child. Please fill out this application completely. Our vision is Nurturing Mind and Spirit and we accomplish this through our Mission: Helping families nurture children in Christ and the knowledge of His world.

Student's Name _____
Last First Middle

Address _____
City State Zip

Telephone _____ Public school district in which student resides _____

Birthdate _____ Male Female Grade Entering: _____

If Kindergarten: Do you intend to send your child to Trinity Grades 1-8? yes no

Ethnicity: _____ Race: _____

Last School Attended: _____

Other Schools Attended: _____

Check any that apply:

- | | |
|--|--|
| <input type="checkbox"/> Enrolled in honors/enrichment classes | <input type="checkbox"/> Referred to Reading Specialist |
| <input type="checkbox"/> Has special physical considerations | <input type="checkbox"/> Referred for psychological or neurological evaluation |
| <input type="checkbox"/> Has had remedial/special tutoring | <input type="checkbox"/> Been expelled/suspended or asked to leave a school |
| <input type="checkbox"/> Has been referred, diagnosed, or treated for any of the following: <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> Autism | |
| <input type="checkbox"/> Referred for/currently under IEP, Title 1, 504 Plan | |

Please describe any of the situations checked above:

How did you hear about Green Bay Trinity Lutheran School? _____

Is student baptized?
yes-Date _____

Present church home:
 _____ Christ of the Bay _____ Faith _____ Hope _____ Our Saviour

Church _____
 Denomination _____

_____ Redeemer _____ Other _____
 Denomination _____

Non-Discrimination Policy

Green Bay Trinity Lutheran admits students of any race, color, sex, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, sex, national or ethnic origin in the administration of the educational policies, admission policies, scholarship and sponsorship programs, and athletic and other school administered programs. In the event that classroom space must limit enrollment, preference may be given to members of Green Bay Trinity Lutheran Association Congregations.



Medical Information

Under Wisconsin State Law a student entering class must have current immunizations as determined by the State of Wisconsin. A physical examination is recommended for new students who have not had an examination prior to entering school.

Is student in generally good health? _____ Yes _____ No
If no, please explain: _____

How is the student's eyesight? _____ Good _____ Some Difficulty
If some difficulty, please explain: _____

Please list below pertinent health information and special care that your child requires or that the teacher should know.

General Information

Why do you desire to have your child attend Green Bay Trinity Lutheran School?

Please include any information that might help us in working with your child. We want to serve you and your family as completely as possible, so we need to know information that might help us meet that goal.

Parent/Guardian Information

Father's Name _____
Occupation and Employer _____
Current Address (if different) _____
Home Phone (if different) _____ Work Phone _____
Cell Phone _____ Email _____

Mother's Name _____
Occupation and Employer _____
Current Address (if different) _____
Home Phone (if different) _____ Work Phone _____
Cell Phone _____ Email _____

Marital Status: _____ married _____ divorced _____ separated
_____ remarried _____ parent deceased _____ single

Is this a guardianship: _____ No _____ Yes

Sibling's Name	Birthdate	Grade and School Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____



Joint-Custodial or Non-Custodial Parent Information

<input type="checkbox"/> Stepfather	<input type="checkbox"/> Other _____	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Other _____
Name _____		Name _____	
Address _____		Address _____	
Employer _____		Employer _____	
Occupation _____		Occupation _____	
Work Phone _____		Work Phone _____	
Home Phone _____		Home Phone _____	
Cell Phone _____		Cell Phone _____	
Email _____		Email _____	

Please check all that apply for joint or non-custodial parents- If a court order is in place, please submit a copy to the school.

Emergency Contact Send Mail Publish Phone Publish Address Receive a Report Card

Can Pick Up Student Print Reports Financial Information

Name and Address of Living Grandparents:

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Grandparents may be contacted for school mailings. Yes No

Registration fee must accompany this form: \$175.

Office Use Only

Date of Registration _____ Amount Paid _____ Check Number _____

If Transfer, received records _____ Parents notified of acceptance: _____

