

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 the student resides \_\_\_\_\_

Birthdate \_\_\_\_\_ Male  Female Grade Entering: (5k-8) \_\_\_\_\_

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

Ethnicity:  Hispanic  Non-Hispanic 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?  Current School \_\_\_\_\_

Is student baptized? Present church home:  
 yes-Date \_\_\_\_\_  Christ of the Bay  Faith  Hope  Our Saviour  Raized  
 Redeemer \_\_\_\_\_  Other \_\_\_\_\_  
 Denomination \_\_\_\_\_ 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**

**Mother's Name** \_\_\_\_\_

Occupation and Employer \_\_\_\_\_

Current Address (if different ) \_\_\_\_\_  
\_\_\_\_\_

Home Phone (if different) \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**Father'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

Stepfather       Other \_\_\_\_\_       Stepmother       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

