



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:

- Enrolled in honors/enrichment classes
- Referred to Reading Specialist
- Has special physical considerations
- Referred for psychological or neurological evaluation
- Has had remedial/special tutoring
- Been expelled/suspended or asked to leave a school
- Has been referred, diagnosed, or treated for any of the following: ADD ADHD Autism
- 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:

Church _____
Denomination _____

Christ of the Bay Faith Hope Our Saviour

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

___ 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

Registration fee must accompany this form. \$135 on or before April 21st and \$235 after April 21st.

Office Use Only

Date of Registration _____ Amount Paid _____ Check Number _____

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

