



Student Applicant (one form per student)							
(Last Name)	(First Name)	(MI)	(Sex)	(Birth date: MM/DD/YYYY)	<u>Present Grade</u>	<u>Grade Applying for:</u>	
(Street Address)		(City, State, Zip)			(Contact Phone)		
PRE-SCHOOL – 3 yr. old by 9-15-17 TLS Pre-School is an A.M. only program CIRCLE preference: 2 day 3 day 5 day		PRE-K only – 4 yr. old by 9-15-17 CIRCLE preference: AM only PM only BOTH		Will child/student need DAY CARE? CIRCLE needed time/s: Before School After Lunch After School			
(Child lives with?)		(Contact email)					
Prior Education – if applicable							
(Name of most current school)			(Dates of attendance)			(Phone)	
(Street Address)				(City, State, Zip)			
Family Information – Father							
(Last Name)		(First Name)		(MI)	(SSN)	(Home Phone)	
(Street Address)			(City)		(State, Zip)	(Home Email Address)	
(Occupation)		(Work Phone)		(Cell Phone)		(Work Email Address, If applicable)	
(Employer)		(Street Address)			(City)	(State)	(Zip)
(Military Organization/Unit, If applicable)		(Installation)		(State)	(Unit Duty Phone)	(Grade/Rank)	
Family Information – Mother							
(Last Name)		(First Name)		(MI)	(SSN)	(Home Phone)	
(Street Address)			(City)		(State, Zip)	(Home Email Address)	
(Occupation)		(Work Phone)		(Cell Phone)		(Work Email Address, If applicable)	
(Employer)		(Street Address)			(City)	(State)	(Zip)
(Military Organization/Unit, If applicable)		(Installation)		(State)	(Unit Duty Phone)	(Grade/Rank)	
Family Information – Guardian Guardian's relationship to applicant:							
(Last Name)		(First Name)		(MI)	(SSN)	(Home Phone)	
(Street Address)			(City)		(State, Zip)	(Home Email Address)	
(Occupation)		(Work Phone)		(Cell Phone/Pager)(State)		(Work Email Address, If applicable)	
(Employer)		(Street Address)			(City)	(State)	(Zip)
(Military Organization/Unit, If applicable)		(Installation)		(State)	(Unit Duty Phone)	(Grade/Rank)	

Family Information – Siblings **			
(Last, First MI)	(Age)	(School)	(Grade)
(Last, First MI)	(Age)	(School)	(Grade)
(Last, First MI)	(Age)	(School)	(Grade)
(Last, First MI)	(Age)	(School)	(Grade)
(Last, First MI)	(Age)	(School)	(Grade)
Church Information			
(Is this child baptized?)	(Date baptized: MM/DD/YYYY)	(Where? - Church & State)	(Denomination)
			(Regular Attender?) Yes No
(Father's Church - name)		(State)	(Denomination)
			(Regular Attender?) Yes No
(Mother's Church - name)		(State)	(Denomination)
			(Regular Attender?) Yes No
General Information			
<p>Has this child had any academic or psychological <u>testing</u>? Circle One: Yes No If yes, please describe**:</p>			
<p>Are there any special <u>concerns</u> (allergies, custody issues, behavioral issues, difficulty reading, difficulty paying attention, difficulty getting along with other students, issues with authority, lack of self-control, psychoactive drug prescription, etc.) about your child of which we should be aware? Circle One: Yes No If yes, please describe**:</p>			
Parent/Guardian Signature(s)			
(Father/Legal Guardian) – (Last, First MI)	(Signature)	(Date: MM/DD/YYYY)	
(Mother/Legal Guardian) – (Last, First MI)	(Signature)	(Date: MM/DD/YYYY)	

**If needed, use extra paper for additional information.

Return this application with a \$100, non-refundable Deposit.

- The Deposit will be applied to the Enrollment Fee for Preschool through 8th Grade students.
- Make checks/money orders payable to: Trinity Lutheran School
- Please note the names of your students in the check memo.

(307)635-2802 ~ www.trinitycheyenne.org

Trinity Lutheran School ~ 1111 E. 22nd Street ~ Cheyenne, WY 82001