



TRINITY LUTHERAN SCHOOL
603 Classen Blvd.
Norman, OK 73071
Enrollment Form 2010-2011
Website: www.tlsnorman.com

POLICY OF NON-DISCRIMINATION

Trinity Lutheran School does not discriminate on the basis of race, color, nationality or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

Student Information			
Name of Student:		Student attends Church? Yes No Where?	
Date of Birth:		Grade Applying for:	
Gender of Student: Male Female			
Home Information			
Please Circle Father Stepfather Guardian Other:		Please Circle Mother Stepmother Guardian Other:	
Name		Name	
Home Address		Home Address	
City State Zip		City State Zip	
Phone	Cell	Phone	Cell
E-mail address:		E-mail address:	
Employer or Business Name		Employer or Business Name	
Business Phone		Business Phone	

Family Information			
Brother(s) & Sister(s) Names	Age	Grade	School Attending
Grandparent's Name		Grandparent's Name	
Address		Address	
City State Zip		City State Zip	
Phone	Cell	Phone	Cell

Pick up information

Name: _____ Phone: _____

Relationship to child:

Name: _____ Phone: _____

Relationship to child:

Name: _____ Phone: _____

Relationship to child:

Educational Background

List schools child has attended in the past:

Answer YES or NO to the following questions:

Has Student Repeated a Grade?	Yes	No
Received Tutoring?	Yes	No
Participated in a Special Learning Program?	Yes	No
Participated in a Gifted Program?	Yes	No
Received Special Honors/Awards?	Yes	No
Experienced Learning Difficulties in Reading?	Yes	No
Experienced Learning Difficulties in Math?	Yes	No
Experienced Discipline Problems?	Yes	No
Ever Suspended?	Yes	No

Please comment about any of your responses:

How did you hear of our program?

MEDICAL/EMERGENCY FORM

Emergency Information		
Name of Policy Holder		
Health Insurance Co.		
Insurance Company Phone No.	Policy No.	
LIST PERSONS TO BE CALLED IF YOU CANNOT BE LOCATED IN THE EVENT OF AN EMERGENCY.		
Name	Phone	Cell
Name	Phone	Cell
Physician	Phone	
Hospital Preference		
If your physician cannot be reached, what action should be taken?		
Does your child suffer from allergies or any other medical condition?		
List any prescribed medications that your child currently takes for long-term condition (e.g., asthma, etc.)		
Immunizations		
OKLAHOMA LAW REQUIRES PROOF OF CHILDREN'S IMMUNIZATIONS		
1. 5 doses of DTP	5. 4 doses by 15 mo. of Haemophilus Influenzae	
2. 4 doses of Polio	6. 3 doses of Hepatitis B	
3. 2 doses of MMR	7. 2 doses of Hepatitis A (before Kindergarten)	
4. 1 dose (12-18 mo.) of Varicella (Chicken Pox) by Kindergarten		

Emergency Agreement: I (we) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include, but are not limited to:

- A. Attempt to contact parent or guardian,
- B. Attempt to contact child's physician,
- C. Attempt to contact parent/guardian through any of the persons listed on the Emergency Health Information,
- D. If the school cannot contact you or your physician, the school may do any of the following:
 - a. Call another physician,
 - b. Call an ambulance,
 - c. Have the child taken to an emergency hospital, or
 - d. Call 911.
- E. Expenses may not be covered by the school's basic insurance policy and some cost may be incurred by the family. Your insurance company name and number should be listed in the Emergency Information section.

Signature: _____ Date: _____

TRINITY LUTHERAN SCHOOL PROBATIONARY AGREEMENT

(Please read VERY carefully before you sign.)

Each child who enrolls in Trinity Lutheran School in grades Preschool – 6th will be accepted on a probationary basis for a period of 30 days. At any time during this period of probationary status a child may be removed if not satisfactory in any of these areas:

1. Ability to perform satisfactory work at the assigned grade level.
2. Shows acceptable behavior in the classroom, lunch room, playground and other school facilities.
3. Abides by Student Behavior and Dress Code Guidelines as stated in the School Handbook.
4. Shows respect for fellow students, teachers, and other adults in our building.
5. Ability to participate in daily routines of the school
6. Regular Attendance.

If any child has not demonstrated satisfactory progress in one or more of the above areas, parents will be notified before the end of the probationary period.

BE AWARE THAT IF YOUR CHILD IS REMOVED FROM THE SCHOOL DURING THE PROBATION PERIOD, NO FEES WILL BE REFUNDED. (This includes registration fees, tuition, lunch fees, etc.)

_____ Check here to indicate that you have read this agreement completely.

Student's Name _____

Signature: _____

Date: _____

Tuition Agreement

Total tuition due for the school Year is \$3,400.00
Please indicate how you intend to pay for the coming year.

- A. _____ One annual payment of \$ \$3,400.00 due on or before the first day of school.
- B. _____ Two semester payments of \$1,700 due on or before August 17th and January 1st.
- C. _____ 10 monthly payments of \$340.00. The first payment is due on or before the first day of school and the remainder payments due on the first day of each month. I understand if payment is received after the 10th of each month a late fee of 10% will be added to my account.
- D. _____ One payment for August of \$170.00. The remaining nine monthly payments are in the amount of \$359.00.

Enrollment Fee _____ Book Fee _____

I understand the enrollment and book fee is non-refundable. Initials: _____

Photo Agreement

Yes ___ I grant or No ___ I do not grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, school web site, etc. Names of students will NOT be listed on the web.

Parent Involvement

You are invited to participate in your child's education. Please indicate the areas of interest. Indicate (F) for father and (M) for mother in each category, Interest (I) or experience (E).

	I	E		I	E
Fundraising Committee			Homeroom Parent		
Aide in Library			Tutor		
Classroom Assistant Ex. Make copies or cut-outs			Office Assistant Ex. Bind handbooks		
Banquet Committee			Reading Assistant		
Field Trip Assistant			Technology		
Aide in Language			Aide in Kitchen		
Other:			Substitute (paid position)		

OFFICE USE ONLY
Date
Class
Bk Fee Pd.
En. Fee Pd.
Shot Record: Y___ N___
Copy to Teacher
Copy to Princ.
In computer
Out computer

Tuition Agreement For Members

Total tuition due for the school Year is \$3,060.00
Please indicate how you intend to pay for the coming year.

- E. _____ One annual payment of \$ \$3,060.00 due on or before the first day of school.
- F. _____ Two semester payments of \$1,530.00 due on or before August 16th and January 1st.
- G. _____ 10 monthly payments of \$306.00. The first payment is due on or before the first day of school and the remainder payments due on the first day of each month. I understand if payment is received after the 10th of each month a late fee of 10% will be added to my account.
- H. _____ One payment for August of \$153.00. The remaining nine monthly payments are in the amount of \$323.00.

Enrollment Fee _____ Book Fee _____

I understand the enrollment and book fee is non-refundable. Initials: _____

Photo Agreement

Yes ___ I grant or No ___ I do not grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, school web site, etc. Names of students will NOT be listed on the web.

Parent Involvement

You are invited to participate in your child's education. Please indicate the areas of interest. Indicate (F) for father and (M) for mother in each category, Interest (I) or experience (E).

	I	E		I	E
E					
Fundraising Committee			Homeroom Parent		
Aide in Library			Tutor		
Classroom Assistant			Office Assistant		
Ex. Make copies or cut-outs			Ex. Bind handbooks		
Banquet Committee			Reading Assistant		
Field Trip Assistant			Technology		
Aide in Language			Aide in Kitchen		
Other:			Substitute (paid position)		

OFFICE USE ONLY
Date
Class
Bk Fee Pd.
En. Fee Pd.
Shot Record: Y ___ N ___
Copy to Teacher
Copy to Princ.
In computer
Out computer

Tuition Agreement for Second Child

Total tuition due for the school Year is \$3,060.00
Please indicate how you intend to pay for the coming year.

- I. _____ One annual payment of \$ \$3,060.00 due on or before the first day of school.
- J. _____ Two semester payments of \$1,530.00 due on or before August 16th and January 1st.
- K. _____ 10 monthly payments of \$306.00. The first payment is due on or before the first day of school and the remainder payments due on the first day of each month. I understand if payment is received after the 10th of each month a late fee of 10% will be added to my account.
- L. _____ One payment for August of \$153.00. The remaining nine monthly payments are in the amount of \$323.00.

Enrollment Fee _____ Book Fee _____

I understand the enrollment and book fee is non-refundable. Initials: _____

Photo Agreement

Yes ___ I grant or No ___ I do not grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, school web site, etc. Names of students will NOT be listed on the web.

Parent Involvement

You are invited to participate in your child's education. Please indicate the areas of interest. Indicate (F) for father and (M) for mother in each category, Interest (I) or experience (E).

	I	E		I	E
Fundraising Committee			Homeroom Parent		
Aide in Library			Tutor		
Classroom Assistant Ex. Make copies or cut-outs			Office Assistant Ex. Bind handbooks		
Banquet Committee			Reading Assistant		
Field Trip Assistant			Technology		
Aide in Language			Aide in Kitchen		
Other:			Substitute (paid position)		

OFFICE USE ONLY
Date
Class
Bk Fee Pd.
En. Fee Pd.
Shot Record: Y ___ N ___
Copy to Teacher
Copy to Princ.
In computer
Out computer

Tuition Agreement for Three or more Children

Total tuition due for the school Year is \$2,550.00
Please indicate how you intend to pay for the coming year.

- M. _____ One annual payment of \$ \$2,550.00 due on or before the first day of school.
- N. _____ Two semester payments of \$1,275.00 due on or before August 16th and January 1st.
- O. _____ 10 monthly payments of \$255.00. The first payment is due on or before the first day of school and the remainder payments due on the first day of each month. I understand if payment is received after the 10th of each month a late fee of 10% will be added to my account.
- P. _____ One payment for August of \$127.50. The remaining nine monthly payments are in the amount of \$269.17.

Enrollment Fee _____ Book Fee _____

I understand the enrollment and book fee is non-refundable. Initials: _____

Photo Agreement

Yes ___ I grant or No ___ I do not grant permission for my child to be included in any photos the school may use for school newsletters, yearbooks, promotions, school web site, etc. Names of students will NOT be listed on the web.

Parent Involvement

You are invited to participate in your child's education. Please indicate the areas of interest. Indicate (F) for father and (M) for mother in each category, Interest (I) or experience (E).

	I	E		I	E
Fundraising Committee			Homeroom Parent		
Aide in Library			Tutor		
Classroom Assistant			Office Assistant		
Ex. Make copies or cut-outs			Ex. Bind handbooks		
Banquet Committee			Reading Assistant		
Field Trip Assistant			Technology		
Aide in Language			Aide in Kitchen		
Other:			Substitute (paid position)		

OFFICE USE ONLY
Date
Class
Bk Fee Pd.
En. Fee Pd.
Shot Record: Y ___ N ___
Copy to Teacher
Copy to Princ.
In computer
Out computer