

# ENROLLMENT APPLICATION

School Year \_\_\_\_\_

PreKindergarten: ☐ PK3 2 Half Days (8-11:15 am) ☐ PK 3 2 Full Days(8-3:05 pm)  
☐ PK4 3 Half Days (8-11:15 am) ☐ PK4 3 Full Days (8-3:05 pm) ☐ PK4 5 Full Days (8-2:55 pm)

Elementary & Middle School: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

## STUDENT INFORMATION

Student's full name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Name student goes by \_\_\_\_\_ Gender M / F (circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Student lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian: \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ Zip code \_\_\_\_\_

Is your child baptized? ☐ Yes ☐ No if yes, date of baptism: \_\_\_\_\_

Name & City of school student last attended \_\_\_\_\_

Grade (s) attended \_\_\_\_\_ Dates attended \_\_\_\_\_ Principal \_\_\_\_\_

What are your child's strengths?

\_\_\_\_\_  
\_\_\_\_\_

In what areas may your child need some help and encouragement?

\_\_\_\_\_  
\_\_\_\_\_

Have there been any situations in the student's life which the school should know about in order to meet his or her learning or developmental needs? (e.g. frequent moves, frequent changing of schools, family situation, etc.)

\_\_\_\_\_  
\_\_\_\_\_

List your child's or family hobbies, interests and extra-curricular activities outside of school:

\_\_\_\_\_  
\_\_\_\_\_

Question		
Has your child participated in a special learning program, speech therapy, occupational therapy, etc.?	Yes	No
Has your child experienced discipline problems?	Yes	No
Has your child ever been suspended or expelled from school or daycare?	Yes	No
Do you suspect any hearing problems?	Yes	No
Do you suspect any vision problems?	Yes	No
Do you suspect any speech problems?	Yes	No

Additional comments regarding any of the questions above:

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## PARENT/ GUARDIAN INFORMATION

1. ☐ Father ☐ Stepfather ☐ Guardian

Marital Status ☐ Married ☐ Single ☐ Divorced

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

2. ☐ Mother ☐ Stepmother ☐ Guardian

Marital Status ☐ Married ☐ Single ☐ Divorced

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

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

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

## ENROLLMENT INFORMATION

Please rank #1-#5 the following reasons for enrollment, #1 being the most important:

\_\_\_\_ Academics \_\_\_\_ Christian Emphasis \_\_\_\_ Location \_\_\_\_ Safety \_\_\_\_ Quality \_\_\_\_ Other: \_\_\_\_\_

Please tell us what you are looking for in a school and why you have applied to Trinity-St. John.

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Has anyone in the applicant's family attended or graduated from T-SJ? If yes, name: \_\_\_\_\_

How did you hear about T-SJ?

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## FAMILY INFORMATION

Brother(s) and/or sister(s) name	Age	Grade	School Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any parental custody/court orders of which our school needs to be aware? ☐ Yes ☐ No

If yes, please explain and/or provide appropriate legal documents.

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Does your family currently have a church home? ☐ Yes ☐ No if yes, name of church \_\_\_\_\_

Are you interested in learning more about Trinity or St. John's Lutheran Churches? ☐ Yes ☐ No

*Trinity-St. John admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities. Trinity-St. John also welcomes children of all faiths. T-SJ may not be equipped or staffed to meet the needs of all children, and we recognize that other schools may be better equipped to serve some children with special needs and challenges.*

## FINANCIAL INFORMATION

Person(s) responsible for paying tuition \_\_\_\_\_

Method of payment ☐ annual ☐ semi-annual ☐ monthly (automatic draft)

A limited amount of needs-based financial aid is available. Will you be applying for assistance? ☐ Yes ☐ No

(A separate application for Free/Reduced Lunch Program must be completed.)

*Upon acceptance of this application, TSJ will contact you to discuss payment options.*

**PARTNERS IN CHRIST ✠ INSTRUCTING FOR LIFE ✠ EQUIPPING FOR ETERNITY**

## Rules and Regulations

I understand that in signing the Application for Admission Contract, I am agreeing to accept the rules and regulations of Trinity-St. John Lutheran School as stated in this contract and any other notices or communications by the school administration, including, but not limited to the school handbook. I understand that compliance with Trinity-St. John Lutheran School's policies and procedures are my responsibility and that failure to comply may lead to the dismissal of my child from school. I also understand that I am responsible for knowing the information contained in the student handbook.

A copy of the student handbook is available online at the school's website at [www.tsjlutheran.org](http://www.tsjlutheran.org). A hard copy is available upon request through the school office. I further understand that this handbook may be amended or modified in writing by Trinity-St. John Lutheran School at any time, for any reason, with or without prior notice.

I understand that false or misleading information on this application, if later revealed as such, constitutes grounds for dismissal. I understand that suspension and expulsion of the student from the school is the sole discretion of Trinity-St. John Lutheran School.

## Items needed for registration:

- enrollment application
- \$50.00 registration fee (per family) before March 31st, 2025 or \$75.00 after March 31
- birth certificate
- academic records from previous school (if applicable)
- immunization record
- health examinations (varies by grade and must be turned in before school starts)
  - Medical and immunization record: PreK, Kindergarten and 6th grade
  - Dental: Kindergarten, 2nd and 6th grade
  - Vision: Kindergarten

## Parent's Pledge and Agreement

I agree to guide my child in a God-pleasing life. I agree to meet with teachers regularly to discuss our child's progress. Finally, I agree to be faithful in regular payments of tuition and fees.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Send Application to: Trinity-St. John Lutheran School  
680 West Walnut St. Nashville, IL 62263  
Email: [principal@tsjlutheran.org](mailto:principal@tsjlutheran.org)

# T-SJ Athletics & Scholar Bowl 2025-2026

Please fill out the interest form below to help us plan for next year. This will help coaches know who to contact for Open Gym practices in the summer as well. Grade levels on teams may change due to numbers.

Check all sports/ activities that your child is interested in participating in for the next school year. This does not commit them to playing on the team, but helps us to know their interests. If you have more than one child, please put their name next to the team they are interested in.

\_\_\_\_\_ **Warriors Little Dribblers** - 1st/2nd Grade coed Season: December-March

\_\_\_\_\_ **Titans Pee Wee Girls Basketball** - 3rd/5th Grade Season: Fall Conference  
(October) and 3rd/4th Grades Community Center (January-February)

\_\_\_\_\_ **Titans Pee Wee Boys Basketball** - 3rd/5th Grade Season: Fall Conference  
(October) and 3rd/4th Grades Community Center (January-February)

\_\_\_\_\_ **Warriors Cross Country** - Grades 4-8 coed Season: August-October

\_\_\_\_\_ **Warriors Track** - Grades 4-8 Season: March-May

\_\_\_\_\_ **Titans Boys Basketball** - Grade 5 Season: October & other tournaments

\_\_\_\_\_ **Titans Girls Volleyball** - Grades 5-8 Season: January-March

\_\_\_\_\_ **Raiders Softball** - Grades 5-8 Season: August-October

\_\_\_\_\_ **Raiders Baseball** - Grades 6-8 Season: August-October

\_\_\_\_\_ **Titans Girls Basketball** - Grades 5-8 Season: October-March

\_\_\_\_\_ **Titans Boys Basketball** - Grades 6-8 Season: October-March

\_\_\_\_\_ **Warriors Boy's Golf** - Grades 7-8 Season: Spring

\_\_\_\_\_ **Warriors Girl's Golf** - Grades 7-8 Season: Spring

\_\_\_\_\_ **Warriors Scholar Bowl** - Grades 7-8 Season: Spring

If you are interested in coaching please put your information below. Mrs. Cooper will contact you for more information.

I, (parent name) \_\_\_\_\_, am interested in coaching or assisting with

(sport) \_\_\_\_\_ for (grade level) \_\_\_\_\_.

phone number: \_\_\_\_\_