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:

_____

_____

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.

_____
_____
_____

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

How did you hear about T-SJ?

_____

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.

_____
_____

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.

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. 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

Medical/ Emergency Information

Student's Name(s): _____

Please list in order of preference the persons and phone numbers we should call if your child is sick or injured.

Name	Primary Phone #	Secondary Phone #	Relationship
1.	( ) circle: home/ work/ cell	circle: home/ work/ cell	
2.	( ) circle: home/ work/ cell	circle: home/ work/ cell	
3.	( ) circle: home/ work/ cell	circle: home/ work/ cell	
4.	( ) circle: home/ work/ cell	circle: home/ work/ cell	

Child's physician: _____ Phone number: _____

Physician's Office Address: _____

Are there any allergies the school should be aware of?

_____

Please list any physical conditions of which T-SJ should be aware (asthma, diabetes, seizure disorder, previous concussion, etc.):

_____

Is your child presently on medication? _____ Yes _____ No

If yes, please list the medication:

_____

Name(s) of people that have permission to pick your child up from school:

1. _____ relationship: _____
2. _____ relationship: _____
3. _____ relationship: _____

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: _____