

**A School Application & Record Form for each student enrolling must be completed.  
FAMILY REGISTRATION FEE\* DUE AT TIME OF REGISTRATION**

\$200 (January 1—March 31) \$250 (After April 1) \$300 (After May 1)

\*Registration Fees may be paid online at [www.trinitymcs.com](http://www.trinitymcs.com)

**STUDENT INFORMATION—PLEASE PRINT**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Baptismal Birthday: \_\_\_\_\_

Place of Birth \*: \_\_\_\_\_ Country of Origin: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**ENTERING GRADE FOR 2018-2019 SCHOOL YEAR:** \_\_\_\_\_

***Please note that a copy of each students legal Birth Certificate must be on file  
in the school office for each student prior to the first day of school.***

<b>FAMILY INFORMATION (please print)</b>	<b>Mother (guardian)</b>	<b>Father (guardian)</b>
<b>First and Last Name</b>		
<b>Primary Contact ? (Yes/No)</b>		
<b>Home Street Address</b>		
<b>City, State, Zip</b>		
<b>Student Primary Address? (Yes/No)</b>		
<b>Home Phone</b>		
<b>Cell Phone</b>		
<b>E-mail</b>		
<b>Business/Occupation/Title</b>		
<b>Business Address</b>		
<b>City, State, Zip Code</b>		
<b>Business Phone Number</b>		

**Application for Enrollment—PAGE 2**  
**2017-2018 School Year**  
**Kindergarten – 8th Grade**

**ADDITIONAL INFORMATION**

**Parents Marital Status:**       Married       Divorced       Separated

**Student resides with (check one):**

- Both parents     Shared Custody/Conditions of Custody (explain below)  
 Other (explain below)

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**CHURCH AFFILIATION**

Our worship life together is very important as a continuing sign of our partnership together as church and school and family. Please provide the following information for our records.

*Please note: Trinity Membership status must be confirmed by school and church staff before membership rates are applied. To be eligible for member registration, families must be active members of Trinity Lutheran Church, worshipping together as a family at least 30 times per year at Trinity, as well as volunteering 10 hours of service to the church or school. For more information, see the Parent Handbook or contact the school office.*

**Family Church Membership:**

- Trinity Lutheran Church, Roselle     Other: \_\_\_\_\_
- No current affiliation     I am interested in learning more about Trinity Lutheran Church.

**TUITION PAYMENT INFORMATION**

**Trinity uses a third party, Smart Tuition, to collect and process tuition payments. Information on Smart Tuition will be provided in your registration packet. Please provide the following for our records:**

**I PLAN TO PAY TUITION:**       One-time payment     12 Month Payment Plan\*

*\*An additional monthly convenience fee of \$5 per student will be added.*

*By way of signature, I agree that the information provided is complete and correct to the best of my knowledge and agree to terms of payment of tuition and fees.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of Signee (Please Print)*

\_\_\_\_\_  
*Relationship to Student*