

Admissions Procedure for Enrollment

Step 1

Schedule Tour and Initial Meeting with Principal (New Families Only)

Step 2

Complete Enrollment Application (New Students Only)

Complete Family Verification Form (Returning Students Only)

Complete Tuition Fees & Schedule Form (Attached)

Step 3

Drop Off Paperwork & Registration Payment at School Office (Main Building)

Include Non-refundable Registration Fee Payment
 (See Tuition Fees & Schedule form for fee amounts)
 Early registration fee deadline is April 15. Registration fee increases \$100 after April 15.
 Make checks payable to Trinity Lutheran School.

Step 4

Set up Automatic Payment Plan via SMART Tuition

Voucher families choose the 1-payment plan.

Student is Now Considered Enrolled!

Mailings & Meetings

School packets mailed home mid-July
Families will be contacted by student's teacher to set up individual visit
Attend Back to School Event

Main Building 824 Wisconsin Avenue Sheboygan, WI 53081 Early Childhood Ministry Center 904 North 9th Street Sheboygan, WI 53081

(920) 458-8248 www.trinitysheboygan.org



Application for Enrollment

*PLEASE PRINT ALL INFORMATION AND COMPLETE BOTH SIDES OF THE PAGE. *

STUDENT INFORMATION (ADDRESS TO WHERE ALL INFO	RMATION IS TO BE SENT)		School Year _	
Name:	, , , , , , , , , , , , , , , , , , ,			Grade Entering:
(Last)	(First)	•	(Middle)	J
Street:	City/Stat	te:		ZIP:
Home Phone: ()	Gend	der:Male	Female	
Date of Birth:/				
Ethnic Origin: Caucasian			Native Amer.	Other
Last School Attended:		-		
Church Membership:				
PARENT/GUARDIAN INFORMAT	ION			
Father: Name (Last)			Home Phone	()
Cell Phone: ()	Email:			
Employer/Occupation:			_Business Phon	e: ()
Mother: Name (Last)	/ (First)		Home Phone	()
Cell Phone: ()	Email:			
Employer/Occupation:			_Business Phon	e: ()
Parents' Marital Status: Marrie	ed Single Widowed	Divorced*	_ Separated*	(*Complete section below)
*With whom does student reside/re	elationship:			
*Physical custody arrangements? _				
*Describe legal custody arrangeme	nts (if applicable, attach necessary	documents) _		
*Second parent mailing (if necessar	ry) address:			
City/St:	ZIP:			
STUDENT MEDICAL AND EMERO Medical problems or allergies:				
Current medication:				
Family Doctor:	Phone:	Clinic/I	Hospital:	
Emergency contact people (other t	:han parents):			
(1) Name:		Relationship: _		
Home Phone:	Work Phone:		Cell Phone:	
(2) Name:		Relationship: _		
Home Phone:	Work Phone:		Cell Phone:	
Consent & Authorization to treat: I	n the event of an EMERGENCY, I/v	ve		
The parent(s)/legal guardian of		hereby authori	ze & consent to	medical treatment
and transport of my/our child. I/we	agree to assume any and all costs	s involved.		
Parent/Guardian Signature:			Date:	

ACADEMIC BACKGROUND INFOR	MATION:			
Does your son/daughter have an ider	ntified learning difference or s	special needs? _	_Yes (in the past) Y	es (currently) No
If you answered yes, please briefly ex	cplain your answer:			
Does your son/daughter have an IEP	(Individual Education Plan)? _	YesNo	If yes, at which school?	
GRANDPARENT INFORMATION (1) Names:			Phone:	
Address:				
City/St:	ZIP	Email:		
(2) Names:			Phone:	
Address:				
City/St:	ZIP	Email:		
PLEASE READ THE FOLLOWING S CHRISTIAN EDUCATION We agree to support and cooperate			Christian Education.	Initial
SCHOOL POLICIES We will abide by all policies, rules, a Teachers as we work together in Goo		e a supportive	part of the Christian Cor	mmunity of students and Initial
PARENT INTERNET RELEASE As parent of guardian of this student is unethical and may constitute a crir them aware of the conditions and coand staff to monitor or restrict access Trinity, its operators, and any institut from my son/daughter's use, or incancellation is submitted in writing be	ninal offense. I have personall nsequences of its use/misuse. is to all controversial material ions with which it is affiliated f ability to use this access. Th	ly discussed the I understand th s when student from any and all iis approval wil	agreement with my son, at it is impossible for Trin s are given access to the claims and damages of a l remain in effect during	/daughter and have made ity administrators, faculty Internet. I hereby release ny nature which may arise
STUDENT INTERNET AGREEMENT As a student, I have read the One to forbidden information and I will not facility. Should I commit any violat appropriate legal action may be take	try to change or modify any ion, my access privileges ma	computer setuay be revoked,	ps or programs belongii school disciplinary actio	ng to Trinity or any other
I HAVE READ THIS APPLICATION FOR	R ENROLLMENT, INCLUDING T	ΓHE ABOVE STA	TEMENTS:	
Father's Signature			Date:	
Mother's Signature			Date:	
Student's Signature			Date:	

NON-DISCRIMINATION POLICIY – Trinity Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, scholarship, and loan programs and athletic and other school administered programs.

(If child is under joint legal custody, both parents must sign above)



Tuition & Fees Schedule 2021-2022

Parent(s) Name		
List student(s) enrolled for 202	1-2022 at Trinity Luths	eran School
201 01440111(0) 011101104 101 202	1 2022 at 11mity Edition	(grade)
		(grade)
		(grade)
		(grade)
Early Childhood Tuitio	n per student	
	Please circle all that apply	*Please note that Mondays and Fridays are frequently days off of school (please see calendar). *Missed days cannot be made up another day of the week.
3K (3 days a week)	Yes	\$1,864 Mon., Tues. Wed. Thurs. Fri. (circle which three days student will attend*)
3K (4 days a week)	Yes	\$2,258 Mon., Tues. Wed. Thurs. Fri. (circle which four days student will attend*)
3K (5 days a week)	Yes	\$2,646
4K	Yes	\$2,410
5K Trinity Member	Yes	\$2,200
5K Community Member	Yes	\$3,282
Elementary & Middle S	chool Tuition per	student
	Please circle all that apply	
Gr. 1-8 Trinity Member	Yes	\$2,200
Gr. 1-8 Community Member	Yes	\$3,282
Registration Fees, Wis	consin Choice Pr	ogram, Tuition Assistance
	Please circle all that apply	
Wisconsin Parental Choice Voucher Program	Yes	Will/have applied between Feb. 1 – April 15
(Feb. 1 – April 15)	No	Will not apply
Request for Tuition Assistance	Yes*	*In order to receive Tuition assistance, an application must be filled out through SMART Aid and turned in by May 1 .
	No	No assistance necessary
Annual Registration Fee	\$200	1 Student (if paid by April 15*)
(early bird date: April 15)	\$250	2 students (if paid by April 15*)
	\$300	3 or more students (if paid by April 15*)
		*After April 15, each registration fee increases by \$100
	0.2	If qualified for the WPCP Program and awarded a voucher

Early Childhood Fees (all 3K, 4K, 5K students are charged these fees)			
Yearbook Fee		\$20 per student	
Morning Snack Milk		\$20 per student	
Yearly Field Trip Fee		\$35 per student	
Elementary & Middle So	chool Fees		
Yearbook Fee		\$20 per student	
Yearly Field Trip Fee	Gr. 1-4	\$35 per student	
	Gr. 5-8	\$25 per student	
Band Fee		Yes	\$550 per student/year
Outdoor Education	Gr. 7	Yes	\$100 per student
8 th Grade Confirmation Fee	Gr. 8	Yes	\$30 per student
Athletic Fee (extracurricular sports grades 5-)	5/6 girls volleyball	Yes	TBD
	5/6 girls basketball	Yes	TBD
	5/6 boys basketball	Yes	TBD
	7/8 girls volleyball	Yes	TBD
	Cheerleading (gr. 7 & 8)	Yes	TBD
	Cross Country	Yes	TBD
	7/8 girls basketball	Yes	TBD
	7/8 boys basketball	Yes	TBD
Tuition Payment Plans			
		Annual	Full payment of yearly tuition is payable on or before July 30.
		Semester	Payment of tuition twice per year. The two payments are due in August and February.
		10 month	Payments are automatically withdrawn each month July through April.
		12 month	Payments are automatically withdrawn each month July through June.

Tuition & Fee Payments are set up via SMART Tuition.

Registration fees should be brought to the school office.

Please sign and return this form to the Trinity School Office.

(If joint legal custody, please make sure both parents/guardians sign a financial agreement form. If one parent/guardian backs out of their agreement, the other will be responsible for the full tuition cost of the child.)

Signature	Relationship	Date
Signature	Relationship	Date