Trinity Lutheran School

Where Faith and Education Grow

910 MOUND ST., WINFIELD, KS 67156
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2026-2027 Enrollment

Please return completed enrollment for with a **non-refundable** registration fee:
3-5 yrs. $150.00/ K-6th - $285.00 **(Registration fees)**

Student Information

Child's name: _____ Male/Female
First Middle Last

Street address: _____

City_____State_____Zip _____

Birthdate**:** _____ **Female/Male (Please circle)**

Race: Caucasian _____African American _____ Asian _____

_____Native American or Alaska Native _____Native Hawaiian

Parent Information

Mother's name _____Place of employment_____
(Address & phone number if different from child)
_____Cell: _____Work:_____

Email address: _____

Father's name _____Place of employment_____
(Address & phone number if different from child)
_____ Cell: _____Work: _____

Email address: _____

Which parent is primary contact? (Please pick one) Mother Father

Does your child have any?

Food sensitivities? Yes_____ No_____ if yes, please list _____

Diagnosed food allergies? Yes_____ No_____ if yes, please list _____

Are there any health or nutritional concerns? Yes_____ No_____ if yes, please explain _____

Other Family/Child Information

To help us better understand your child's living circumstances, does your child live with:

_____ both parents _____ Shared custody (note schedule) _____

Is there a court order restricting access of the non-custodial parent to the child? Yes___ No___
(If yes, a copy of such court order must be provided to the school.)

Conditions of Custody _____

***Please note*:** Would the non-custodial parent like the school newsletter "Chatterbox" emailed to them?

Yes_____ No_____ Email address: _____

Name and address of your church home _____

Has the child been baptized? _____Baptismal date: Month _____Date_____ Year_____

Place of baptism (church and city) _____

Emergency Contacts (Local) – If parent (s) cannot be reached:

Name: _____ Phone_____

Name: _____ Phone_____

Authorized Pickup (Persons authorized to pick up this child other than parents.)

Name _____ Phone_____ Relationship _____

Name _____ Phone_____ Relationship _____

Please list all brothers and sisters, even if they do not attend school here.

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

To whom do we send tuition/lunch statements? _____

If child did not attend Trinity Lutheran School last year, please complete:

Name & Address of the previous school attended:
_____

Our Family:

_____Would like to learn more about the Lutheran Church

_____Is interested in having our child [ren] baptized

_____Would like a call from the Pastor Meyer

Permission for On Campus Activities and Photographs

I do/do not *(circle one)* grant permission for _____ to be included in pictures connected with the school program which may be shared with other Trinity families through our Trinity website or Facebook page.

Parent/guardian signature _____ Relationship _____Date _____

Office Use

Date _____ Registration fee _____ Check/Cash_____

Date received_____
Board approved_____
Birth Certificate_____
Tuition Contract_____
Emergency Information_____
Immunization records_____
Transfer requested_____
Transfer received_____