

Focused on Excellence - Centered in Christ

Trinity Lutheran School exists to share the love of Jesus Christ as Savior, Friend, and Teacher through Worship, Service, and Educational Excellence.

	• (PEN ENROLLME	NT 2020-202	21 •	
	<u>Open Enr</u>	ollment begins January	18, 2020 at \$375 բ	<u>oer student.</u>	
PARENTS:					
	Last Name		First Names		Daytime Phone #
		• STUDENT INFO	ORMATION •		
Please list the name	e(s) of your child(re	n) seeking enrollment at	Trinity Lutheran S	chool:	
1.	Grade		ring: Present School: _		
3.					
• If enroll	ing in Pre-Kinderga	,	lease check one) 0): (please check	□ half days	□ full days half days □ 5 full days
·		Other			
		nt(s), please sign below a cripts will be available for			serve as an official reques
	Signature			Date	
For administration	planning purposes,	please answer the follow	wing questions as	best as you ca	n.
We plan to use Bef	ore &/or After Scho	ool Care for the 2020-202	21 school year:		
☐ Before School Care ☐ After		☐ After School Care	☐ Neith	☐ Neither	
We plan to enroll o	our child/ren for the	2020-2021 school year:			
□ Full Yea	ır	☐ Partial Year [Expect	ed Departure Dat	e:]
		· Planca completa revo	•		-

<>< Please complete reverse side of paper >>>

Please see the attached 2020-2021 Fee & Tuition Schedule.

Open enrollment to new and returning families begins January 18, 2020 at \$375 per student.

Your enrollment fee holds your child/ren's place in the class. Spots will be held on a first-paid, first-served basis, and space is limited. All enrollment fees are **non-refundable**.

Trinity Lutheran School reserves the right to deny enrollment to student/s whose academic and/or behavioral standards do not meet our school's standards. All current year financial obligations must be met before any student will be considered for enrollment.

STATEMENT OF FINANCIAL RESPONSIBILITY

To be signed by parent/guardian enrolling the above child/ren for the 2020-2021 school year.

			School as stated in this enrollment por the prompt payment of all fees a	
Pr	int Full Name	Relationship to Child/ren		
Si	gnature		Date	
I prefer to pay tuition: (Ple	ease choose one; information	on is for administra	tion planning purposes.)	
☐ In Full	☐ In Full ☐ By Semester		☐ Quarterly ☐ Monthly	
I will be applying for the planning purposes.)	following subsidy progra	ms: (Please check	all that apply; information is for	administration
☐ Pauahi Keiki So	cholarship 🗖 Preschoo	l Open Doors	☐ Kipona Scholarship	
□ Other				