

Application for Admissions

2022-2023

Trinity Delray Lutheran School



*"Delivering the saving message of Jesus Christ and
nurturing spiritual growth in families."*



Trinity Delray Lutheran School

400 N. Swinton Avenue
Delray Beach, Florida 33444
(561) 276-8458 Telephone
www.trinitydelray.org



Admission and Application Procedures 2022-2023



Prior to making an admissions decision, the following items are required:

1. Submit this application for admissions
2. Submit enrollment fee of \$550.00 for EC– 2nd grade or \$650.00 for 3rd-8th grades
(Once submitted to the school, all fees are non-refundable)
1. Provide the following information for a Student Recommendation Form,
to be completed by previous teacher or administrator (entering Grade 1-8)

Name: _____

Title: _____

Email address: _____

4. Schedule testing and interview with the Principal (entering Grade K-8)
Please bring the following documents:
 - Last full year of report cards
 - Any standardized testing results
 - Immunization form (DH680)
 - School physical form (DH3040)
 - Birth certificate

After tentative acceptance:

1. Create your family's RenWeb & FACTS accounts

Upon completion of all above requirements, the official acceptance and school start date will be communicated to parents.



TRINITY DELRAY LUTHERAN SCHOOL
Application for Admission
2022-2023

Entering
Grade Level

"Delivering the saving message of Jesus Christ and nurturing spiritual growth in families."

Name: First, Middle, Last _____ ☐ Male ☐ Female

Birthdate _____

Child Lives With: ☐ Father ☐ Mother ☐ Both ☐ Guardian ☐ Other _____

Guardianship: ☐ Both Parents ☐ Mother ☐ Father

School correspondence goes to: ☐ Both Parents ☐ Mother ☐ Father

Father's Name _____ Home # _____ Work # _____

Home Address _____ Cellular # _____

Employer/Occupation _____

E-mail _____ Trinity Alum Yes No

Mother's Name _____ Home # _____ Work # _____

Home Address _____ Cellular # _____

Employer/Occupation _____

E-mail _____ Trinity Alum Yes No

In the event of an emergency OR you are unable to pick-up your child from school or the Extended Day Program please list those individuals whom you authorize to pick-up your child:

Name _____ Daytime Phone _____ Relationship _____

Name _____ Daytime Phone _____ Relationship _____

Name _____ Daytime Phone _____ Relationship _____

Church Home _____ Pastor's Name _____

Child Baptized YES NO Date _____ Religion/Denomination _____

Admissions Information

School Last Attended _____

Mailing Address _____

Telephone Number _____

Reason for Leaving: _____

How did you hear of Trinity Lutheran School? _____

Why would you like your child to attend Trinity Lutheran School? _____

Has your child ever experienced any:

Disciplinary action? ☐ Yes ☐ No

Been suspended from school? ☐ Yes ☐ No

Grade retention/academic problems ☐ Yes ☐ No

If yes to any of the above, please explain: _____

Are there any concerns that pertain to the child?

Speech ☐ Yes ☐ No

Reading ☐ Yes ☐ No

Learning Disabilities ☐ Yes ☐ No

Emotional or Psychological needs, past or present ☐ Yes ☐ No

If yes, please explain and provide appropriate documentation: _____

Has your child had an educational evaluation or psychological test in the last 3 years? YES NO

If yes, please submit a copy of any evaluation or I.E.P. with the application.

Trinity reserves the right to discontinue enrollment in the event that we cannot serve the needs of the student.

Sibling's Name _____ School Attending _____ Grade _____ Birth Date _____

Sibling's Name _____ School Attending _____ Grade _____ Birth Date _____

Sibling's Name _____ School Attending _____ Grade _____ Birth Date _____

I (We), the undersigned, do hereby certify this information to be correct and factual, and do hereby agree to adhere to the policies and regulations as required by Trinity Lutheran School. I (we) have read the policies regarding financial obligations, printed separately, understand them, and do hereby agree to fulfill all obligations. I (we) further acknowledge that this application for admission is for the school year designated above only, and that acceptance for admission for such school year does not guarantee, nor is implied to guarantee, admission for subsequent years.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____



**TRINITY DELRAY LUTHERAN SCHOOL
MEDICAL EMERGENCY FORM
2022-2023**



Student Name _____ Birthdate _____

Does your child have any past or present medical/health problems? YES NO (If YES, explain.)

Does your child have any restricted activities? YES NO (If YES, explain.)

Does your child have a handicap or allergy limitation? YES NO (If YES, specify requirements)

List any type of medication your child takes on a regular basis:

Does your child have any known allergies? YES NO (If YES, please explain.)

Allergy	Reaction	Treatment
Allergy	Reaction	Treatment
Allergy	Reaction	Treatment

FAMILY PHYSICIAN: _____
Name Phone

FAMILY DENTIST: _____
Name Phone

Please note: If your child requires any type of medication to be administered by office staff (OTC and/or prescription) a Physician Authorization for Student Medication Form must submitted. Forms are available from your doctor or in the office.

In the event of an emergency requiring immediate medical attention, I (we) authorize Trinity Lutheran School to secure medical transport for my (our) child to the nearest hospital.

Parent/Legal Guardian _____ Date _____

Parent/Legal Guardian _____ Date _____



Trinity Delray Lutheran School

Student Record Request

400 N. Swinton Ave., Delray Beach, FL 33444

www.trinitydelray.org

Please complete the following form to request the official records from your child's previous school.

Name of Former School: _____

School's Address: _____

City: _____ State: _____ Zip: _____

Principal's Name: _____

School's Area Code & Telephone: _____

The following student is attempting to enroll in our school. Please send us:

- Complete Transcript
- Standardized Test Scores
- Student Health Record
- Student Confidential Information (Special Education Services)
- Student Related Services Information (Speech, PT, OT)

Student's Name: _____

Birthdate: _____ Present Grade: _____

Please send transcript to:

enroll@trinitydelray.org

OR by mail to:

Trinity Delray Lutheran School
400 N. Swinton Avenue
Delray Beach, FL 33444
Attn: Admissions

Federal Law 99.21 - "No parent signature required for educational records sent to another educational agency."



Please rank your top two choices by placing a number 1 or 2 on the appropriate blank lines.

If you own or are affiliated with a business and would like to bid or offer services to Trinity, if the need arises, please provide the following information.

****INFORMATION BELOW — FOR OFFICE USE ONLY****

START DATE

