



TRINITY LUTHERAN SCHOOL



940 Creston Rd Paso Robles, CA 93446 Phone: 805-238-0335
www.trinitypaso.com school@trinitylutheranpaso.org

New Student Application

This signed form must be accompanied with a non-refundable \$25.00 assessment fee.

Support documents required before consideration of enrollment:

Current Principal Recommendation, last two years' report cards, last two years' state test results (2nd – 8th grades)

Student's Name _____ Date of Birth _____

Age: _____ Sex: Male Female Entering Grade: _____

Last School Attended: _____ School Phone Number: _____

School Address: _____ City _____ State _____ Zip _____

Principal Name: _____ Principal Email: _____

Reason for leaving: _____

Has this child ever repeated a grade? Yes No If yes, please explain:

Has the student ever been subject to any disciplinary action, i.e., suspension or dismissal, in any school? If yes, please explain. _____

Are there any special circumstances which may have affected the student's development in regards to the educational process? Does the child have an IEP or 504 plan at his/her current school? If so, please provide a copy. _____

Pertinent Information regarding student's development _____

I give permission for my child, _____ to be evaluated by Trinity Lutheran School. This evaluation includes developmental and academic testing.

Parent/guardian Signature

Date

For office use only:

Evaluation Fee of \$25.00 paid by: Check Number _____, Cash _____, Other _____

Date Rec'd: _____ by _____