



Trinity Lutheran School
 1611 California Avenue ♦ Wahiawa, Hawaii 96786
 808.621.6033(v) ♦ 808.621.6029(f) ♦ office@trinity-hawaii.org



APPLICATION FORM

Please fill out this entire application form and return it to the school office.

Applying for academic school year: 2009-2010 Applying for grade level:
 2010-2011 PK3 PK4 OK 01 02 03 04 05 06 07 08
 If Preschool, applying for program: Full-time / 5 Days Full-time / 3 Days Full-time / 2 Days
 Half-time / 5 Days Half-time / 3 Days Half-time / 2 Days

How did you hear about Trinity Lutheran School?:

STUDENT DATA

Last Name: First Name: Middle Initial:

Gender: Male Female Birthdate: (mm/dd/yyyy)

Street Address:

City: State: Zip Code:

Last School Attended: Last Grade Completed:

School Address:

City: State: Zip Code:

PARENTAL DATA

Mother's Name: Home Phone:

Mother's Email: Cell Phone:

Resides with Mother?: Yes No

Father's Name: Home Phone:

Father's Email: Cell Phone:

Resides with Father?: Yes No

Guardian's Name: Home Phone:

Guardian's Email: Cell Phone:

Resides with Guardian?: Yes No

Is there any information about your child that you would like to share with us? (Strengths, concerns, comments, etc.)

FOR OFFICE USE ONLY

Application Date: _____ School Year: _____
 Amount Paid: \$ _____ Receipt Given: _____