



Trinity Delray Lutheran School



Application for Admission

2023-2024

*"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



TRINITY DELRAY LUTHERAN SCHOOL
Admission and Application Procedures
2023-2024



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

1. Submit this application for admissions
2. Submit enrollment fee of \$600.00 for EC– 2nd grade or \$700.00 for 3rd-8th grade
(Once submitted to the school, all fees are non-refundable)
3. Provide the following information for a Student Recommendation Form,
to be emailed by Trinity to a 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



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Entering Grade Level

Name: First, Middle, Last _____ Male Female

Birthdate _____ Ethnicity _____

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
2023-2024



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

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 2023-2024



Parents of students entering grades 1st-8th:

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."



Trinity Delray Lutheran School



Early Childhood Parents:

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

Tiger Cubs	_____ 5 Full Days	_____ 5 Half Days	
Tiger Tots	_____ 5 Full Days	_____ 3 Full Days	_____ 2 Full Days
	_____ 5 Half Days	_____ 3 Half Days	_____ 2 Half Days
Pre-School	_____ 5 Full Days	_____ 3 Full Days	_____ 2 Full Days
	_____ 5 Half Days	_____ 3 Half Days	_____ 2 Half Days
Pre-Kindergarten	_____ 5 Full Days	_____ 5 Half Days	

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.

Name of Business _____ Type of Services _____

Contact Number _____ Email _____

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

Document Checklist for Enrollment:

_____ Birth Certificate

_____ Report Card/ Test Results

_____ Student Recommendation Form
(1st-8th Grade)

_____ Immunization Form (DH680)

_____ School Physical Form (DH3040)

Enrollment Fee Received _____

Amount \$ _____

Cash Zelle Venmo Check # _____

K-8 Testing/ Interview Date _____

ACCEPTED: Yes No INITIALS _____
DATE _____

TENTATIVE ENROLLMENT CONFIRMATION
DATE _____

START DATE _____

