

**APPLICATION FOR ADMISSION FOR ALL GRADES 2015-2016**  
**Holy Trinity Lutheran School, 3712 El Prado Blvd., Tampa, FL 33629-8722,**  
**813-839-0665 www.htlstampa.org**

*A non-refundable fee of \$50.00, with this application, will put your child on the waiting list.*  
*Attach a copy of birth certificate, copies of most recent report cards/assessments, and any testing documents/results.*  
*\*\* Upon our receipt of application for PK or K, a Teacher Questionnaire may be given for processing.*

Name of Applicant \_\_\_\_\_ Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Last First Middle  
Male \_\_\_\_\_ Female \_\_\_\_\_

Circle One: Level: PK2/3 PK3 VPK4 Kindergarten 1st 2nd

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Email \_\_\_\_\_ Current School & Address \_\_\_\_\_

Brothers and Sisters (list oldest to youngest):

\_\_\_\_\_  
Name DOB Grade School

\_\_\_\_\_  
Name DOB Grade School

Father's Name \_\_\_\_\_ Profession & Title \_\_\_\_\_

\_\_\_\_\_  
Employer Address City, Zip Telephone

Mother's Name \_\_\_\_\_ Profession & Title \_\_\_\_\_

\_\_\_\_\_  
Employer Address City, Zip Telephone

Marital Status: M S W D Child resides with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Other \_\_\_\_\_

If child has experienced any previous difficulty in school, note the nature of the difficulty (attach any pertinent information):

How did you hear about us? \_\_\_\_\_

Church Home \_\_\_\_\_

Name Address/City/Zip

**I understand that if my child is accepted at Holy Trinity Lutheran School, he/she will be given instruction in the Christian religion according to the doctrine and worship of the Lutheran Church-Missouri Synod. Please sign and return this completed form with application fee to the school office.**

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_

OFFICE USE ONLY: Date Paid \_\_\_\_\_ Check # \_\_\_\_\_ TQ: Given \_\_\_\_\_ Received: \_\_\_\_\_ Screen Date \_\_\_\_\_



## Levels and Programs 2015-2016

Child's Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

*Morning Care = 7-8 a.m.*

*Extended Care = 3-6 p.m.*

### **For Level PK2/3 (Cubbies):**

Please circle days desired:

Mon-Fri

Mon/Wed/Fri

Tues/Thurs

Please circle programs desired:

Half-Day

Full-Day

Morning Care

Extended Care

### **For Level PK3 (Tiny Tigers): (5 day only)**

Please circle programs desired:

Half-Day

Full-Day

Morning Care

Extended Care

### **For Level VPK4 (Mighty Tigers):**

Please circle programs desired:

Morning Program:

VPK Only (8-11)

VPK with Lunch Bunch (8-12)

VPK with Afternoon Wrap Around (8-3)

Morning Care

Extended Care

Afternoon Program:

VPK Only (12-3)

VPK with Morning Wrap Around (8-3)

Morning Care

Extended Care

### **Kindergarten -2nd Grade: (Full day only)**

Please circle programs desired:

Morning Care

Extended Care