

INSTRUCTIONS

- Complete one form per family.
- The enrollment fee of \$500/per student can be paid with check or debit/credit card (\$520 w/ card convenience fee). To pay by credit card, <u>CLICK HERE</u>.
- To pay by check; make checks payable to Trinity Lutheran School and mail to:
 - Trinity Lutheran School c/o Admissions 1611 California Avenue Wahiawa, HI 96786
- A student's spot in their respective grade level is not secured until both the enrollment form and fee are received. Seats are filled on a first paid, first served basis. Space is limited. All enrollment fees are non-refundable.
- Trinity Lutheran School reserves the right to deny enrollment to student's whose academic &/or behavioral standards do not meet our school's standards. All current year financial obligations must be met before any student will be considered for enrollment.
- Once the form is completed; save it to your device and email it to admissions@tls-hawaii.org.

- IN COLLEGE	COMPLETING THIS FORM	<u> </u>
lame:	Email:	Phone:
. STUDENT INFORMATIO	ON .	
lease list the name(s) of your child/re	n seeking enrollment at Trinity Lutheran	School.
1 Student Name (Last, First):		Grade Entering:
Present School:		
2 Student Name (Last, First):		Grade Entering:
Present School:		
3 Student Name (Last, First):		Grade Entering:
Present School:		
4 Student Name (Last, First):		Grade Entering:
Present School:		
fenrolling in Preschool or PreKinde	rgarten; check the schedule option y	jou are enrolling in:
Half Days: 715am-1230pm	Full Days: 715am-230pm (130pm on Wednesdays)	Plus Days: 715am-500pm

For administrative planning purposes, please answer the following questions as best as you can. We plan to enroll in Before &/or After School Care for the 2025-26 school year. See the Fee & Tuition Schedule for more information. Do not check his box if you will be using these services less than three times per week. Before School Care After School Care Neither starting at 630am through 500pm We plan to enroll our child(ren) for the 2025-26 school year: Partial year If partial: expected end date: Full year C. STATEMENT OF FINANCIAL RESPONSIBILITY To be electronically signed by parent/guardian enrolling the above child(ren) for the 2025-26 school year. The undersigned accepts the objective and policies of Trinity Lutheran School as stated in this enrollment paperwork and the TLS Parent/Student Handbook and will be financially responsible for the prompt payment of all fees and tuition. Relationship to Student(s): E-Signature: Date: I prefer to pay tuition: (Please choose one; information is for administrative planning purposes.) Annually Semesterly Quarterly Monthly I will be applying for the following subsidy programs. Please check all that apply; information is for administrative planning purposes. Pauahi Keiki Scholarship Preschool Open Doors Keiki O Ka 'Aina Child Care Connections-Hawaii Kipona Scholarship Other, please specify: D. ENROLLMENT FEE PAYMENT The enrollment fee is \$500 per student and is non-refundable. Please select your payment method. CREDIT/DEBIT CARD: \$520 per student w/ card convenience fee. CLICK HERE to pay. **CHECK** (mail to school) Trinity Lutheran School

B. ADMINISTRATIVE PLANNING

c/o Admissions

1611 California Avenue Wahiawa, HI 96786

Upon receipt of your enrollment fee; you will be contracted by Trinity to confirm your child's seat in their respective class.