



TRINITY

LUTHERAN SCHOOL

From Infants to 8th Grade



2017 – 2018 F.C.A. Application

Student Information

Student Name: _____

Grade: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Medical Conditions/Allergies: _____ DOB: _____

Doctor Name: _____ Phone: _____

Current School:

- | | |
|---|---|
| <input type="checkbox"/> Hillcrest Elementary School | <input type="checkbox"/> Lake Eola Charter School |
| <input type="checkbox"/> Audubon Park Elementary School | <input type="checkbox"/> Lake Como Elementary School |
| <input type="checkbox"/> Fern Creek Elementary School | <input type="checkbox"/> Azalea Park School |
| <input type="checkbox"/> St James Cathedral School | <input type="checkbox"/> Westbrooke Elementary School |
| <input type="checkbox"/> Trinity Lutheran Church & School | <input type="checkbox"/> Shingle Creek Elementary School |
| <input type="checkbox"/> Conway Elementary School | <input type="checkbox"/> The Christ School |
| <input type="checkbox"/> Lake Silver Elementary School | <input type="checkbox"/> Eagle's Nest Elementary School |
| <input type="checkbox"/> Hiawassee Elementary School | <input type="checkbox"/> Lake Highland Preparatory School |
| <input type="checkbox"/> Howard Middle School | <input type="checkbox"/> Other: _____ |



TRINITY LUTHERAN SCHOOL

FROM INFANTS TO 8TH GRADE

Parent/Guardian Information

Mother's or Other Legal Guardian Name: _____	Home Phone: _____
E-Mail: _____	Office Phone: _____
	Mobile Phone/Beeper: _____

Fathers' or Other Legal Guardian Name: _____	Home Phone: _____
E-Mail: _____	Office Phone: _____
	Mobile Phone/Beeper: _____

(The office must have a copy of any custody agreements or divorce papers stating visitation and custody rights on file in the office.)

Emergency contact person (other than parents):

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Persons authorized to pick up child (other than parents and does not include emergency contact person unless indicated):

Name: _____	Phone: _____
Address: _____	Relationship: _____
Name: _____	Phone: _____
Address: _____	Relationship: _____

- I, _____, GIVE TRINITY LUTHERAN EXTENDED CARE PERMISSION TO TAKE MY CHILD TO _____ HOSPITAL, OR THE NEAREST HOSPITAL IN THE EVENT OF AN EMERGENCY, AT THE EXPENSE OF THE CHILD'S FAMILY SHOULD EMERGENCY CONTACTS NOT BE REACHED.
- I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN SCHOOL/CHURCH ACTIVITIES ANYWHERE ON THE PROPERTY OF TRINITY LUTHERAN CHURCH AND SCHOOL.
- I ALSO UNDERSTAND THAT I MUST SIGN MY CHILD OUT EACH DAY UPON PICK-UP.

Parent Signature: _____

Today's Date _____

NURTURING CHRISTIAN CHARACTER | PROMOTING ACADEMIC EXCELLENCE

123 EAST LIVINGSTON STREET ORLANDO, FL 32801
407.488.1919 TRINITYDOWNTOWN.COM



TRINITY

LUTHERAN SCHOOL

From Infants to 8th Grade

Photo & Artwork Permission

Name of Student: _____

Grade: _____

_____ I grant permission for the staff of Trinity Lutheran Church and School (including Trinity Extended Care and Camp Trinity) to photograph my child and to display those photographs both inside and outside the campus, for purposes of marketing or in displays, exhibits or on bulletin boards.

_____ I grant permission for Trinity Lutheran Church and School to display my child's artwork both inside and outside of campus for purposes of marketing or in displays, exhibits or on bulletin boards.

_____ I understand that any artwork created by my child that is displayed publicly may be labeled with my child's first name and age, but will not be labeled with my child's last name.

**** To grant permission please initial each statement above and sign your name below.****

X _____

**** To deny permission, initial the statement below and sign below.****

_____ I deny permission for the use of my child's photograph or artwork.

X _____