



Office Use Only
Date Received: _____

Holy Trinity Lutheran School - Student Application

Last Name	First Name	M.I	Date of Application
Name Used	Current Grade	Grade Applying For	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		

Address	City	State	Zip Code
Phone	Cell Phone	Email	

Name of Father: _____

Father's Address (If different from student): _____

Name of Mother: _____

Mother's Address (If different from student): _____

Student Lives with (Check all that Apply):

- | | | |
|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Mother | <input type="checkbox"/> Guardian |
| <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather | <input type="checkbox"/> Other _____ |

Sibling(s) Names:	Age	Grade (If Applicable)

School(s) Previously Attended	Address	Grade(s)	Year(s)

Please complete both sides of this form and return, along with most recent report card and copies of any standardized test results.

Admissions, Holy Trinity Lutheran School | 308 NW 164th Street | Edmond, OK 73013



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Please Rank the following factors in order of importance regarding influence to apply at HTLS:
(1=most important, 8= least Important)

- | | | |
|---|---|---|
| _____ Academic Reputation | _____ Commitment to Christian Education | _____ Strength of Extra Curricular Programs |
| _____ Dissatisfied with previous School | _____ Recommendations by HTLS Families | _____ More Discipline |
| _____ Mission of HTLS | _____ Private School Education | |

The student and/or parent may complete the following: Are you a Christian: Yes No

What is your definition of a Christian?:

Do you attend church regularly? Yes No Church Name: _____

Name of Minister: _____

What church activities are you involved in?

Has the student ever been retained? Yes No

Are there any specific academic or medical concerns that your child may have which would require special accommodations? Yes No If yes, explain: _____

Has the student ever been suspended or expelled? Yes No (If yes, please explain on separate paper)

Is it the desire of this student to attend Holy Trinity Lutheran School?

Yes No Parent's Choice

HOLY TRINITY LUTHERAN SCHOOL'S MISSION STATEMENT

In accordance with God's Will, we determine to provide excellent Christian education that will assist parents in the raising of their children, to encourage students to become life-long learners and seekers of the Truth, and to equip students for servant hood.

Applicant's Signature (Ten and older): _____ Date: _____

Parent Signature: _____ Date: _____

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