

ENROLLMENT FORM

2024-25



FAMILY INFORMATION

PARENT(S) NAME _____ PHONE NUMBER _____

E-MAIL _____

ADDRESS _____ CITY _____ ZIP CODE _____

NAME OF CHILD	RACE	DOB	SEX	GRADE FOR FALL 2024
1.				
2.				
3.				
4.				

2. CHURCH MEMBERSHIP _____

3. ENROLLMENT FEE

_____ **ENCLOSED IS \$150 PER STUDENT EARLY ENROLLMENT FEE (\$200 after March 8, 2024)**

Not applied to tuition & non-refundable. If unable to pay at this time, please contact Mr. Zuelsdorff for alternative arrangements.

4. TRANSPORTATION

_____ **WE WILL NEED PUBLIC TRANSPORTATION** (*We live over 2 miles from Trinity*).

_____ Wausau School District Busing _____ Metro Ride

_____ D. C. Everest Busing

_____ **WE WILL HANDLE OUR OWN TRANSPORTATION**

5. FINANCIAL AID

_____ **WE WILL APPLY FOR FINANCIAL AID FROM THE EDUCATION GRANT FUND.**

Please contact the school office regarding the application.

6. WPCP (*Application period is February 1 – April 19, 2024*)

_____ **WE ARE RECIPIENTS OF THE WISCONSIN PARENTAL CHOICE PROGRAM**

_____ **WE WILL BE APPLYING FOR THE WISCONSIN PARENTAL CHOICE PROGRAM**

(Parent/Guardian Signature)

(Date)

PLEASE COMPLETE AND RETURN TO THE SCHOOL OFFICE