

TRINITY LUTHERAN SCHOOL
REGISTRATION FORM

Enrolling in Grade _____ School Year _____ Date _____

Child's Full Name _____ Male ___ Female ___
Last First Middle

Mailing Address _____
street city state zip

Home Phone _____

Date of Birth _____ Place of Birth _____ Date of Baptism _____

.....
Last School Attended _____

Public School serving child's residential area _____

.....
Mother's Name _____ Church Member at _____

Address and phone # if different than above _____

Home Phone _____ Cell Phone _____

Occupation _____ Place of Employment _____

Marital Status _____ Work Phone _____

Father's Name _____ Church Member at _____

Address and phone # if different than above _____

Home Phone _____ Cell Phone _____

Occupation _____ Place of Employment _____

Marital Status _____ Work Phone _____

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Please provide an e-mail address that we can use to send home the weekly Trojan Times newsletter and also use to contact you about other non-emergency items.

E-Mail Address (mom) _____

E-Mail Address(dad) _____

IN CASE OF EMERGENCY, IF PARENTS CANNOT BE REACHED, CONTACT:

NAME _____ PHONE _____ RELATION _____

OR

NAME _____ PHONE _____ RELATION _____

If someone other than you, the parent, is picking up your child please list the name:

NAME _____ PHONE _____ RELATION _____

OR

NAME _____ PHONE _____ RELATION _____

My child will be riding the bus Yes _____ No _____

Name of Bus Company _____ Phone _____

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If your child has any condition, physical or psychological, which may have a bearing upon his activities at school, please advise us below so that proper consideration can be made. **Please include allergies.**

If there are any children living in the home under age 18, please list them below:

NAME _____ DATE OF BIRTH _____ RELATION TO CHILD _____

NAME _____ DATE OF BIRTH _____ RELATION TO CHILD _____

NAME _____ DATE OF BIRTH _____ RELATION TO CHILD _____

NAME _____ DATE OF BIRTH _____ RELATION TO CHILD _____

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Will child participate in Lunch Program: YES _____ NO _____

Is a parent willing and able to help at various times during the school year? YES _____ NO _____

Is a parent willing to participate in the Parent Teacher League during the school year? YES _____ NO _____

I certify that the above information is true and correct. I understand that I need to contact the school regarding any and all changes concerning my child and the information provided above.

Signature of Parent/Guardian

Date