

Triumphant Learning Center

Student Registration Form

Click or tap to enter a date.

Date	Student Name (First, M	, Last)	
Parent Contact Name		Parent Contact Phone #	
	Student In	formation	
Home Phone	Cell Phone	Email	Address
Address			
City	State	ZIP C	ode
Previous or Current Sch	ool Name & Phone #		
DOB		Gender	
Current Grade		Grade Desired for Enrollment	
List any siblings that attend TLC		Other important information	
Previous TLC student? What year?		Referred by (Friend, Social Media, Website, etc.)	

_____ Date Received

For Office Use Only

Accepted No Reply Asked to be removed

_ Entered on Waiting List

Parent Contact Dates