



TRINITY LUTHERAN SCHOOL

4740 N. State Highway 83
Franktown, CO 80116
(303) 841-4660

NEW Student Registration Form
SCHOOL YEAR - _____
(please complete)

Grade ENTERING _____
If Kindergarten- Full Day or Half Day
(please circle one)

STUDENT'S

Last Name _____ First _____ MI _____ Nickname _____

Birth Date ____/____/____ Sex: M F Child's ethnic origin: American Indian Asian Black Hispanic Caucasian Other

Baptismal Date ____/____/____

Last School Attended _____ City/State _____

Father's Name _____	Mother's Name _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Email _____	Email _____
Subdivision _____	Subdivision _____
Phone: HOME# _____	Phone: HOME# _____
WORK# _____ CELL# _____	WORK# _____ CELL# _____
Employer _____	Employer _____
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SINGLE	
With whom does student presently reside? _____	

DENOMINATION & CONGREGATION

Where your church membership is held:

Father: _____ Mother: _____

STUDENT'S BROTHERS AND SISTERS:

Name _____ Age _____ Name _____ Age _____
Name _____ Age _____ Name _____ Age _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? Newspaper Phonebook Drive by Other _____
(please specify)

Referred by _____

I certify that the information stated is correct. I will assume responsibility for the financial obligations as outlined on the fee schedule for my child while attending Trinity Lutheran School .

(Signature of parent or guardian)

Date

Trinity Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. We do not discriminate on the basis of race, color, or national or ethnic origin in administration of our educational policies, admission policies, scholarships, athletics, or other school administered programs.

Office Use Only	CHECK# _____	REC'D ON _____	BY _____	AMOUNT\$ _____
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