



# 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 \_\_\_\_\_

<b>Father's Name</b> _____	<b>Mother's Name</b> _____
Address _____	Address _____
City _____ Zip _____	City _____ Zip _____
Email _____	Email _____
Subdivision _____	Subdivision _____
Phone: HOME# _____	Phone: HOME# _____
WORK# _____ CELL# _____	WORK# _____ CELL# _____
Employer _____	Employer _____
<b>MARITAL STATUS:</b> <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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