



TRINITY LUTHERAN SCHOOL

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

Current Student RE-ENROLLMENT Form

Family Last Name Race Grade entering New school year Shirt Size

1st child MI DOB
2nd child MI DOB
3rd child MI DOB
4th child MI DOB

Primary Address:

City/State/ZIP Home Phone

Subdivision Religious Affiliation/Church Home:

Mother: Father

Mother's E-Mail Father's E-Mail

Mother's Cell Phone: Father's Cell Phone

Secondary address (if applicable)

- I have attached a check for the non-refundable registration fee for every child I am registering.
I have attached a check for only one of my children and will pay for the additional registration fees by May 24, 2019.
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.
I will make available all information relating to special needs or ISPs by June 1, 2019

(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 \$