Trinity Lutheran School
Family Registration Form

School Year: _____ Family Last Name: _____ Check ☐ New or ☐ Returning family

Family Religious Affiliation: _____ Church: _____

Home Info

Parental Status: ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Single ☐ Widow/Widower ☐ Other

Students Live With: ☐ Both Parents/Guardian ☐ Mother ☐ Father ☐ Mother/Stepfather
☐ Father/Stepmother ☐ Grandparents ☐ Other

Language spoken at home: ☐ English ☐ Spanish Other: _____

Fill in the address of the person/s with whom the students live.

Address: _____ City: _____ State: _____ Zip:_____

Home Phone: _____ Silent Number. ☐   Other Phone: _____

Email Address _____   Exclude email from School Directory ☐

If the family email address would be the same as the father or mother's email address, leave this blank.

Exclude family from the School Directory ☐   Exclude Address from School Directory ☐

Father

Name:_____

Occupation: _____

Employer:_____

Cell Phone: _____

Exclude Father Cell from School Directory ☐

Bus. Phone:_____

Father Email: _____

Exclude Father Email from School Directory ☐

Religion: _____

Mother

Name:_____

Occupation: _____

Employer:_____

Cell Phone: _____

Exclude Mother Cell from School Directory ☐

Bus. Phone:_____

Mother Email:_____

Exclude Mother Email from School Directory ☐

Religion: _____ Maiden Name: _____

Other Children Living at this Home

Name: _____ Age:___   Name: _____ Age:___

Name: _____ Age:___   Name: _____ Age:___

Other Adults Living at this Home

_____

_____

Transportation

List anyone else who may pick up your students.

_____

Emergency Contact

List persons who can be contacted in case of an emergency if Parent/Guardian is not available.

Name: _____ Phone: _____

Name 2: _____ Phone 2: _____

Medical

Doctor:_____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____

If a second family should receive information from the school, enter that information below.

Name: _____ Relationship to Student/s: _____

Address: _____

City: _____ State: _____ Zip:_____ Phone: _____

Comments: Enter any additional comments about your family you feel the school should have. _____

_____

Parent Signature _____   Date _____

For Office Use Only:

Date Received:_____   Fee Paid:_____

Received By:_____   Check #_____ Cash _____