



## 2026-2027 K-8th Grade Registration Form

Non-refundable Enrollment Fee of \$75 (\$100 after April 1st)  
Registration Fee - non refundables - (per student) \$400 paid in August

### Student & Family Information

Grade Level for 2026-2027 (K-8) \_\_\_\_\_ (Please write grade level here)

Full Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Student's Birthday \_\_\_\_\_ Gender \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Address, City & Zip Code \_\_\_\_\_

Mother/Guardian Phone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Mother/Guardian Email Address \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Address, City & Zip Code \_\_\_\_\_

Father/Guardian Phone (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Father/Guardian Email Address \_\_\_\_\_

Student lives with \_\_\_\_\_

Address if not living with parents \_\_\_\_\_

Where is current church membership? \_\_\_\_\_

Has your child been baptized?  YES  NO      Baptism Date: \_\_\_\_\_

Pastoral Reference/Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **HAVING ENROLLED MY CHILD IN TRINITY LUTHERAN SCHOOL, I AGREE TO THE FOLLOWING:**

1. To allow my child to be taught Bible history and the teachings of the Christian faith as held by The Lutheran Church.
2. To acquaint myself with the policies and guidelines set forth in the school handbook.

**SIGNATURE OF**  
**PARENT/GUARDIAN** \_\_\_\_\_ **DATE** \_\_\_\_\_