Trinity Lutheran High School (2020-2021) School Year Registration Form

1 Trinity Way, Seymour, Indiana 47274 ***812-524-TLHS www.trinitycougars.org***

Directions: *Please print or type all information.*

Student's Name: _____
(last) (first) (middle) ☐ ☐

*Address:*_____ *City:*_____ *State:* _____ *Zip:*_____ Male Female

Date of Birth: _____ ***Home Phone:*** _____ ***E-Mail Address:***_____

Grade Entering _____ ***Optional: Race (circle all that apply): Caucasian Hispanic Black Asian Native American***

*By what name does your child prefer to be addressed in school?*_____

Social Security Number: _____-_____-_____

Student's brothers/sisters: *name* _____ *age* _____ *name*_____ *age*_____

name _____ *age* _____ *name*_____ *age*_____

Church Membership: _____ City:_____

*Denomination:*_____ *Pastor's name(s):* _____

Baptized? Yes No If yes, when? _____ ☐ *Student is not a member of any church at this time.*

Parent's Marital Status (Please circle): ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single

Information Regarding Parents/Guardians with whom Student Lives:

Name: _____ Occupation:_____

Employer:_____ Work Phone:_____ Cell Phone: _____

Relationship: Father ☐ Step-Father ☐ Legal Guardian ☐

Name: _____ Occupation:_____

Employer:_____ Work Phone:_____ Cell Phone: _____

Relationship: Mother ☐ Step-Mother ☐ Legal Guardian ☐

Information Regarding Natural parents, if not the same as those listed above:

Name: _____ Relationship (please circle): Father ☐ Mother ☐

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

Home Phone: _____ Employer:_____ Work Phone: _____

Academic Preparation: (Please provide the name of the last three schools attended with dates and phone numbers)

Date(s) School Phone

_____

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