

Trinity Evangelical Lutheran School  
Registration Form

2018-2019



Return To: Office Secretary  
9529 State Highway 80  
Marshfield, WI 54449-9681  
Telephone: 715-676-2121

Child's Name: \_\_\_\_\_  
*(Last) (First) (Middle)*

Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Month) (Day) (Year)*

Adopted: YES / NO Baptized: YES / NO

Church: \_\_\_\_\_ Denomination: \_\_\_\_\_ City & State: \_\_\_\_\_

Entering Grade: \_\_\_\_\_ *(P3, P4, K, or 1-8)*

Previous School(s) Attended:

_____	Grade(s) _____	Years _____
_____	Grade(s) _____	Years _____
_____	Grade(s) _____	Years _____

Father's Name: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_  Check box if you wish not to have Email included in School Directory.

Mother's Name: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email: \_\_\_\_\_  Check box if you wish not to have Email included in School Directory.

Marriage Status: \_\_\_\_\_ *(Married, Divorced, Single Parent, or Widowed)*

Brother/Sisters:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Information that Trinity should know about your child:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_