

Trinity Evangelical Lutheran School
Registration Form

2019-2020



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 Ethnicity: _____

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: _____