



TRINITY LUTHERAN SCHOOL

4740 N. State Highway 83
Franktown, CO 80116
(303) 841-4660

RE-ENROLLMENT FORM 2012-2013

Family Last Name _____ Grade entering for 2012-13

1st child _____ MI _____ DOB _____

2nd child _____ MI _____ DOB _____

3rd child _____ MI _____ DOB _____

4th child _____ MI _____ DOB _____

Primary Address _____

City/State/ZIP _____ Home Phone _____

Subdivision _____ Religious Affiliation/Church Home _____

Mother _____ Father _____

Mother's E-Mail _____ Father's E-Mail _____

Mother's Cell Phone _____ Father's Cell Phone _____

Secondary address (if applicable) _____

- I have attached a check for the non-refundable registration fee for every child I am registering. \$375.00 registration fee per child (\$300 if they are received by Feb. 29, 2012)
- I have attached a check for only one of my children and will pay for the additional registration fees by June 1, 2012. I understand that the additional registration fees I owe will be for the full amount (\$375 for each child)
- I certify that the information stated is correct. I will assume responsibility for the financial obligations as outlined on the fee schedule for my child while attending Trinity Lutheran School.

(Signature of parent or guardian) _____
Date

Trinity Lutheran School admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school. We do not discriminate on the basis of race, color, or national or ethnic origin in administration of our educational policies, admission policies, scholarships, athletics, or other school administered programs.

Office Use Only	CHECK# _____	MC/VISA	REC'D ON _____	BY _____	AMOUNT \$ _____
------------------------	--------------	---------	----------------	----------	-----------------