

# TRINITY LUTHERAN SCHOOL

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

## RE-ENROLLMENT FORM 2011-2012

### STUDENT INFO

Last Name \_\_\_\_\_ Grade for 2011-12

1<sup>st</sup> child \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

2<sup>nd</sup> child \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

3<sup>rd</sup> child \_\_\_\_\_ MI \_\_\_\_\_ DOB \_\_\_\_\_

4<sup>th</sup> 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 (\$295 if they are received by Feb. 28, 2011)
- I have attached a check for only one of my children and will pay for the additional registration fees by June 1, 2011.  
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 \$ \_\_\_\_\_