

Trinity Lutheran High School (2018-2019) School Year Registration Form
7120 North County Road 875 East, 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, complete address and phone numbers)

