

Trinity Lutheran High School (2016-2017) 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)

