



Trinity Lutheran School

2008 – 2009

Child's Name _____ Grade in Fall _____
Last First Middle I.

Name I desire to have my child called _____

Address _____ Phone _____

City _____ Zip _____

Date of Birth _____ Place of birth: City _____ State _____

If adopted: When _____

Date of Baptism _____ Church were baptized _____

City _____ State _____

Does your child have a hobby? If so what? _____

Marital status of parents: Married _____ Separated _____ Divorced _____

Father's name _____

Place of employment _____

Business Phone _____

Church regularly attending _____

Mother's name _____ Maiden _____

Place of employment _____

Business Phone _____

Church regularly attending _____

Names of all other children in the family	Date of birth
_____	_____
_____	_____
_____	_____

(FOR SCHOOL ONLY)
Birth certificate verified: _____