



**Trinity Lutheran Academy** "...guiding and assisting parents in the education and Christian nurture of their children."

## Family Registration Form – 2026/2027

<p><b>Father's Name</b> _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Home Phone _____</p> <p>Father's Cell Phone _____</p> <p>Cell Carrier: ___ Verizon ___ UsCellular ___ AT&amp;T ___ Sprint ___ Other</p> <p>Business Phone _____</p> <p>Place of Business _____</p> <p>Father's Email _____</p> <p>Are you (your family) <b>active</b> members of a local church? Yes No</p> <p>Father's Church Membership _____</p>	<p><b>Mother's Name</b> _____</p> <p>Address _____</p> <p>City _____ St _____ Zip _____</p> <p>Home Phone _____</p> <p>Mother's Cell Phone _____</p> <p>Cell Carrier: ___ Verizon ___ UsCellular ___ AT&amp;T ___ Sprint ___ Other</p> <p>Business Phone _____</p> <p>Place of Business _____</p> <p>Mother's Email _____</p> <p>Are you (your family) <b>active</b> members of a local church? Yes No</p> <p>Mother's Church Membership _____</p>
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**GUARDIAN (S)** (If applicable)

Name(s) \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Are there custody documents and/or restraining orders for this student? Yes No  
If yes, please supply a copy for your child's file.

**EMERGENCY INFORMATION** (In the event that a parent cannot be notified, the following people are authorized for the school to contact and may be allowed to pick up this child.)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to student(s) \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

- I/we give my permission for my child(ren) to be photographed for marketing purposes.
- I/we do not want my child(ren) to be photographed for marking purposes.
- I/we give permission for our child(ren) to go off campus for notified field trips with designated school staff.

The following are REQUIRED prior to admittance to Trinity Lutheran Academy for grades PreK-7

<input type="checkbox"/> Transcript of previous grades (if not previously enrolled at TLA)	<input type="checkbox"/> A copy of your child's IEP (if applies)
<input type="checkbox"/> All standardized test scores (if not previously enrolled at TLA)	<input type="checkbox"/> Current copy of custody document (if applies)
<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Copy of Birth Certificate

**Student #1** Grade Level (Circle One) K 1 2 3 4 5 6 7

PreK:  Half Day.  Full Day /  Will need afterschool care

Name \_\_\_\_\_

Last First Middle

Birthday \_\_\_\_\_  Male  Female Allergies: \_\_\_\_\_

Race:  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Black or African American  White

Is the student Hispanic or Latino? \_\_\_\_\_ (write yes or no; if yes, please also choose one of the above races as well)

Child's Church Membership \_\_\_\_\_ Baptized \_\_\_\_\_

**Student #2** Grade Level (Circle One) K 1 2 3 4 5 6 7

PreK:  Half Day.  Full Day /  Will need afterschool care

Name \_\_\_\_\_

Last First Middle

Birthday \_\_\_\_\_  Male  Female Allergies: \_\_\_\_\_

Race:  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Black or African American  White

Is the student Hispanic or Latino? \_\_\_\_\_ (write yes or no; if yes, please also choose one of the above races as well)

Child's Church Membership \_\_\_\_\_ Baptized \_\_\_\_\_

**Student #3** Grade Level (Circle One) K 1 2 3 4 5 6 7

PreK:  Half Day.  Full Day /  Will need afterschool care

Name \_\_\_\_\_

Last First Middle

Birthday \_\_\_\_\_  Male  Female Allergies: \_\_\_\_\_

Race:  American Indian or Alaska Native  Asian  Native Hawaiian or Other Pacific Islander  
 Black or African American  White

Is the student Hispanic or Latino? \_\_\_\_\_ (write yes or no; if yes, please also choose one of the above races as well)

Child's Church Membership \_\_\_\_\_ Baptized \_\_\_\_\_

Prior school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trinity Lutheran Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin in administration of its educational policies, admission policies and athletic and other school-administered programs.