



INSTRUCTIONS

Please complete one registration form per child. Both parents/guardians responsible for the child must sign this registration form. Once the form is filled out, save it to your device and email it to admissions@tls-hawaii.org.

STUDENT INFORMATION

Last Name : First Name:

Middle Name : Preferred Name:

Date of Birth : Gender : Male Female Grade:

Place Of Birth :

Date of Baptism: Church Membership:

Race: Check all that are appropriate. Question is for statistical purposes only.

- American Indian or Alaska Native Asian Black or African American Caucasian Hispanic
 Native Hawaiian or Pacific Islander Unknown Other (please specify)

Present Address :

City: State: Zip Code :

Please list any difficulties and/or limitations (academic, emotional, physical, etc...) your child may have had at school.

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

Title & Last Name : First Name:

Relationship to Student:

Occupation: Employer &/or Military Branch of Service:

Cell Phone: Alternate Phone:

Address (if different than child):

City: State: Zip Code :

Email address: Lives with Student? Yes No

Parent/Guardian #2

Title & Last Name : First Name:

Relationship to Student:

Occupation: Employer &/or Military Branch of Service:

Cell Phone: Alternate Phone:

Address (if different than child):

City: State: Zip Code :

Email address: Lives with Student? Yes No

PICK-UP AUTHORIZATION & EMERGENCY CONTACTS

Aside from Parents/Guardians, please list contacts for those you authorize to pick-up your child from school.

Every effort will be made to contact Parents/Guardians in case of emergency. If you cannot be reached, please list contacts that may be contacted to make emergency decisions for your child.

Contact #1, Name: **Relationship to Student:**

Phone: **Alternate Phone:**

Authorized Pick-up: Yes No **Authorized Emergency Contact:** Yes No

Contact #2, Name: **Relationship to Student:**

Phone: **Alternate Phone:**

Authorized Pick-up: Yes No **Authorized Emergency Contact:** Yes No

Contact #3, Name: **Relationship to Student:**

Phone: **Alternate Phone:**

Authorized Pick-up: Yes No **Authorized Emergency Contact:** Yes No

Contact #4, Name: **Relationship to Student:**

Phone: **Alternate Phone:**

Authorized Pick-up: Yes No **Authorized Emergency Contact:** Yes No

SIGNATURES

The information on this registration form is true and correct. We accept financial responsibility for the payment of all Trinity Lutheran School and day care tuition and fees. Both electronic signatures from Parents/Guardians are required.

#1 Parent/Guardian Signature: **Date:**

#2 Parent/Guardian Signature: **Date:**

Once you have finished filling out this form, kindly save it to your device and then send it via email to admissions@tls-hawaii.org. Our school office will promptly confirm receipt of your form(s) via email. Thank you for your cooperation.