



INSTRUCTIONS

This Registration Form must be signed by both parents.
Complete one form per student.

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?

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?

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: Authorized Pick-up: Authorized Emergency Contact:

Contact #2, Name: Relationship to Student:

Phone: Authorized Pick-up: Authorized Emergency Contact:

Contact #3, Name: Relationship to Student:

Phone: Authorized Pick-up: Authorized Emergency Contact:

Contact #4, Name: Relationship to Student:

Phone: Authorized Pick-up: Authorized Emergency Contact:

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:

When you have completed filling out this form, please save the document to your device & email it to: admissions@tls-hawaii.org.