

TRINITY LUTHERAN SCHOOL

2016-2017 Registration Form

Family Name: _____

Children:

Name: _____ Birth date: ___/___/___ 2016-17 Grade _____

Name: _____ Birth date: ___/___/___ 2016-17 Grade _____

Name: _____ Birth date: ___/___/___ 2016-17 Grade _____

Name: _____ Birth date: ___/___/___ 2016-17 Grade _____

Name: _____ Birth date: ___/___/___ 2016-17 Grade _____

Parent/Guardian Information:

Returning Families: The following information is correct in the Fast Direct system. (This is for returning families only; if you check this box, please double check the **View/Edit Parent Information** tab on the top of your FD home screen.)

New Families to Trinity, please fill out the following:

Mother/Guardian First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: (_____) _____

Employed By: _____ Office Phone: (_____) _____

Email: _____ Cell Phone: (_____) _____

Custodial Parent (If married, mark both parents)

Church Membership (name of church) _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: (_____) _____

Employed By: _____ Office Phone: (_____) _____

Email: _____ Cell Phone: (_____) _____

Custodial Parent (If married, mark both parents)

Church Membership (name of church) _____

Marital Status: Married Single Divorced Separated Widowed Other _____

(continued on the back side)

BCPS Transportation (MUST complete form and return with registration no later than May 15, 2016)

Yes (complete form) No

Interested in the after School Program offered 3:10-6:00 P.M.? Yes No

Photos of my child(ren) may be used on our church/ school website, school Facebook page or other promotional materials related to our school. Yes No

Technology: I have read and understand the rules as stated in the handbook for the use of technology at Trinity Lutheran School. I understand that the use of technology is a privilege that may be revoked at any time if they are not followed. I hereby agree to have my child comply with the guidelines and accept the authority of the school to supervise my child's use of technology. I understand that I must take responsibility for my student's actions according to school policy. I also understand that it is impossible for Trinity's staff to monitor or restrict access to all controversial materials, but that the school will make every reasonable effort to shield students from such material. Should I later become concerned, I understand that I can terminate this approval by contacting the principal at Trinity Lutheran School. I also understand that my child will also be asked to sign a technology use form at the beginning of the 2016-17 school year. Yes No

Parent Signature _____

Book/Enrollment Fee Agreement

The Book Fee for the 2016-17 School Year is \$100.00 per student. Please return this paperwork and payment as soon as possible as the spaces for enrollment are limited.

Tuition Fee Agreement

The Tuition for the 2016-17 School Year is as follows:

Trinity Members \$650 per student with a family cap of \$1625.00

Community Members \$800 per student with a family cap of \$2000

The Tuition for the 2016-17 School year by direction of the Board of Christian Education is "a flat rate" tuition for all – members of Trinity and Community Members. Please choose your method of paying the Tuition Fee for the 2016-17 School Year.

_____ Pay the entire amount by the first day of school.

_____ Pay by the month. Payments will be due the first day of each month for ten months beginning in September and finishing June 1, 2017.