

Siblings Information:

Name _____ DOB/Age _____ School _____

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How did you hear about HTLS? _____
(If a referral, a discount may go to referring family.)

Which factor(s) most influenced your decision to enroll your child at Holy Trinity:

_____ Academic Quality _____ Tuition Value _____ Safe Environment
_____ Christian Atmosphere _____ Location _____ School Philosophy & Values

Last school/preschool/day-care child attended: _____

Address _____ City _____

If your child has experienced any conditions or previous difficulty in school, please note the source and nature of the condition or difficulty: _____

Please list any Diagnoses, Evaluations, or Therapies _____

Baptism:

Is the child baptized? Y N Date _____

Place of Baptism: _____
Church and/or Denomination Address/City/Zip

Religious Preference:

Father _____ Mother _____

Church Home: _____
Church and/or Denomination Address/City/Zip

Please check if you are interested in any of the following:

_____ I would like a call from the Pastor. _____ I desire to learn more about the Lutheran faith.
_____ I would like to have my child baptized. _____ I wish to transfer my Lutheran membership to HTLC.

COMPLETE BOTH SIDES OF THIS FORM