

# FIRST TIME SCHOOL REGISTRATION AND INFORMATION 2017 – 2018

Trinity Lutheran  
School

Lift high the cross  
of Jesus Christ,  
teaching and caring  
for all.

**Administrator**  
Sandra Armstrong

**Teachers**  
Karl Bergdolt  
Tami Chandler  
Wendy Heider  
Connie Hiegel  
Joy Langrehr  
Kristen Laurent  
Rebekah Motley  
Robin Seim  
Barb Sheeks  
Brian Staehr  
Jerrita Staehr

Child's Name \_\_\_\_\_ Grade in fall \_\_\_\_\_  
Last First Middle I.

Date of Birth \_\_\_\_\_ Place of birth: City \_\_\_\_\_ State \_\_\_\_\_

If adopted: When \_\_\_\_\_

Date of Baptism \_\_\_\_\_ Church where baptized \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Father's name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Place of employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church regularly attending \_\_\_\_\_

Mother's name \_\_\_\_\_ Maiden \_\_\_\_\_

Address (if different) \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Place of employment \_\_\_\_\_

Business Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church regularly attending \_\_\_\_\_

Marital status: \_\_\_\_\_



Names of all other children in the family	Date of birth
_____	_____
_____	_____
_____	_____
_____	_____



(FOR SCHOOL ONLY)  
Birth certificate verified: \_\_\_\_\_  
\$100 Registration fee received \_\_\_\_\_

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Grand Island, NE 68801-3881  
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Fax: 308-389-2418  
www.tlsgi.org

Firsttime.reg