



**Siblings Information:**

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ DOB/Age \_\_\_\_\_ School \_\_\_\_\_

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**