Trinity Lutheran School and Early Childhood Center

REREGISTRATION FORM Kindergarten – Grade 8

2015-2016

40 W. Nicholai St. Hicksville, NY 11801 516-931-2211 www.TrinityLI.org

Please complete the information on this form and return it to the school office by February 1st, 2015. A check for the appropriate amount, payable to Trinity Lutheran School, must accompany this form. Thank you.

Paren	ts/C	Guardians							
		(last)		(first)					
Street	Add	ress							
City, S	state,	Zip			Phoi	ne			
Please	state	e student's last name if different from	m parent's						
		nire a second mailing of report cards							
			Grade Next Year	Reregistration Amount	OFFICE USE ONLY				
		Name of Student(s)			Date	Amount	Check #		
	1								
	2								
	3								
	4								
					I				
Churc	h Af	filiation							
Name	of p	public school district in which the stu	adent(s) re	side(s)					
Rereo	rietra	ation fees for Current Students:							
rereg	10111								
		\$250/s	student if	paid after March	1st				
		Paid reregistration is what holds the stuchnology fees, PTFA dues, cost of religiou							
Tuitic	m P	ayment Options							
		yments begin in July each year. Info	ormation al	bout your paymen	t options v	will be inclu	ded with your J	une	
		rement. Payments options are: to pay			olan through	gh FACTS	Tuition Service,	, the	
Luthe	ran (Church Extension Fund (LCEF), or	to pay by	credit card.					
	•	Policy	for the out	masa of positive s	chool com	munication	and publicity		
		hay be photographed or videotaped parent or guardian submits a written	-	-			-)	
such v	vritte	en request is received, it will be assur	med that th	ne student may ap					
school	l pub	olicity. The written request should a	ccompany	this form.					
Parent/Guardian Signature					Date:				