



PreK-8 Re-Registration Form 2025-2026 School Year

Families please complete one form and return to the office.

Registration fee:
BEFORE March 31st - \$50
AFTER March 31st - \$75

STUDENT(S) INFORMATION

Grade PreK K 1 2 3 4 5 6 7 8

Child's Full Name: _____

Grade PreK K 1 2 3 4 5 6 7 8

Child's Full Name: _____

Grade PreK K 1 2 3 4 5 6 7 8

Child's Full Name: _____

Church Membership: _____

Method of Tuition Payment

annual (by August 12th) semi-annual (August 12th & January 5th) monthly

Yes, we are applying for a scholarship. Applications are available in the office.

Important Information

- Full registration fee must accompany this registration. One per family.
- The registration fee is non-refundable unless a family moves out of the area prior to the first day of school.
- You must be current with your 2024-2025 tuition to register for next school year.
- T-SJ Lutheran School admits students of any race, color and national or ethnic origin.

Parent/Guardian's Agreement

- Conduct our lives in God's service leading our child(ren) to worship and serve the Lord
- Meet with teachers regularly to discuss our child's progress
- Be faithful in regular payments of tuition and fees as explained in the student handbook
- Comply with all school policies and procedures outlined in the student handbook

I understand that failure to follow the parent agreement may lead to the dismissal of my child from school.

Parent/Guardian Name (print) _____

Signature of parent/guardian _____ Date _____

PARENT/ GUARDIAN INFORMATION

1. Father Stepfather Guardian

Marital Status Married Single Divorced

Name _____

Home Address _____

Cell Phone _____ Work Phone _____

Email _____

Employer _____ Occupation _____

2. Mother Stepmother Guardian

Marital Status Married Single Divorced

Name _____

Home Address _____
 (Check mark for
same as above) _____

Cell Phone _____ Work Phone _____

Email _____

Employer _____ Occupation _____

Mailing address for student(s) :

(Check mark for same as above)

Medical/ Emergency Information

Student's Name(s): _____

Please list in order of preference the persons and phone numbers we should call if your child is sick or injured.

Name	Primary Phone #	Secondary Phone #	Relationship
1.	() circle: home/ work/ cell	circle: home/ work/ cell	
2.	() circle: home/ work/ cell	circle: home/ work/ cell	
3.	() circle: home/ work/ cell	circle: home/ work/ cell	
4.	() circle: home/ work/ cell	circle: home/ work/ cell	

Child's physician: _____ Phone number: _____

Physician's Office Address: _____

Are there any allergies the school should be aware of?

Please list any physical conditions of which T-SJ should be aware (asthma, diabetes, seizure disorder, previous concussion, etc.):

Is your child presently on medication? _____ Yes _____ No

If yes, please list the medication:

Name(s) of people that have permission to pick your child up from school:

1. _____ relationship: _____

2. _____ relationship: _____

3. _____ relationship: _____

T-SJ 2025-2026 Agreements

Please place a checkmark before each agreement. If you do not agree to one of the statements, write NO in the blank. Sign and date the agreement at the bottom.

School Handbook Agreement

_____ I agree to comply with all school policies and procedures outlined in the school handbook. The handbook is available on-line at tsjlutheran.org and in the office.

Photograph Release

_____ Yes, I give my permission for my child(ren) to be photographed and their name used for school, newspaper, social media and publicity purposes.

Technology Use Policy

_____ I have read and understand the attached Technology Use Policy of Trinity-St. John Lutheran School and hereby agree to its rules and regulations.

Library Use Permission

_____ Yes, I give permission for my child to borrow books from the T-SJ Library. I agree to pay any fines due to neglect or abuse of books checked out in my child's name.

Field Trip Permission

_____ Yes, I give my child(ren) permission to attend the T-SJ class field trips for the 2024-2025 school year. I understand that I will receive information ahead of time for each trip.

Field Trip Medical Permission

_____ Yes, I hereby grant my child's teacher, in my absence, the authority to give the hospital and/or physicians permission to administer medical attention to my child should he/she be injured.

I agree with the above marked statements. A "no" indicates disagreement.

Student name(s) _____

Chapel T-Shirt Size _____ (Each student will receive a chapel t-shirt)

Parent/Guardian Signature

Date

T-SJ Athletics & Scholar Bowl 2025-2026

Please fill out the interest form below to help us plan for next year. This will help coaches know who to contact for Open Gym practices in the summer as well. Grade levels on teams may change due to numbers.

Check all sports/ activities that your child is interested in participating in for the next school year. This does not commit them to playing on the team, but helps us to know their interests. If you have more than one child, please put their name next to the team they are interested in.

_____ **Warriors Little Dribblers** - 1st/2nd Grade coed Season: December-March

_____ **Titans Pee Wee Girls Basketball** - 3rd/5th Grade Season: Fall Conference (October) and 3rd/4th Grades Community Center (January-February)

_____ **Titans Pee Wee Boys Basketball** - 3rd/5th Grade Season: Fall Conference (October) and 3rd/4th Grades Community Center (January-February)

_____ **Warriors Cross Country** - Grades 4-8 coed Season: August-October

_____ **Warriors Track** - Grades 4-8 Season: March-May

_____ **Titans Boys Basketball** - Grade 5 Season: October & other tournaments

_____ **Titans Girls Volleyball** - Grades 5-8 Season: January-March

_____ **Raiders Softball** - Grades 5-8 Season: August-October

_____ **Raiders Baseball** - Grades 6-8 Season: August-October

_____ **Titans Girls Basketball** - Grades 5-8 Season: October-March

_____ **Titans Boys Basketball** - Grades 6-8 Season: October-March

_____ **Warriors Boy's Golf** - Grades 7-8 Season: Spring

_____ **Warriors Girl's Golf** - Grades 7-8 Season: Spring

_____ **Warriors Scholar Bowl** - Grades 7-8 Season: Spring

If you are interested in coaching please put your information below. Mrs. Cooper will contact you for more information.

I, (parent name) _____, am interested in coaching or assisting with

(sport) _____ for (grade level) _____.

phone number: _____