

## Trinity Lutheran School and Early Childhood Center

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

## **RE-REGISTRATION FORM**

Kindergarten – Grade 8

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

Parent	s/G	uardians						
		(last)		(first)				
Street A	Addı	ess						
City, State, ZipPhone								
Please s	state	student's last name if different from	parent's					
		ire a second mailing of report cards,	_					
			Grade Next Year	Reregistration Amount	OFFICE USE ONLY			
		Name of Student(s)			Date	Amount	Check #	
F	1							
	2							
	3							
	4							
_	•		•					
Church	ı Aff	iliation						
Name of public school district in which the student(s) reside(s)								
Reregistration fees for Current Students:  \$225/ student received by February 1 <sup>st</sup>								
				ived after Februar				
		Paid reregistration is what holds the stude mology fees, PTFA dues, cost of religious						
Tuition	n Pa	yment Options						
Tuition payments begin in July each year. Information about your payment options will be included with your June								
tuition statement. Payments options are: to pay in full or select a payment plan through FACTS Tuition Service, the Lutheran Church Extension Fund (LCEF), or to pay by credit card.								
Lutnera	an C	nurch Extension Fund (LCEF), or to	o pay by o	credit card.				
	ts m	<b>Policy</b> ay be photographed or videotaped for a videot						
such w	ritte	n request is received, it will be assum licity. The written request should acc	ed that th	ne student may app				
Parent/Guardian Signature					Date:			
Parent/Guardian Signature					Date:			