



Trinity-St. Paul Lutheran School

Mrs. Myra Farrell, Principal
6961 West Frontage Road
Worden, Illinois 62097

www.tsplutheran.org
tsp@madisontelco.com
Telephone #: 618-633-2202

Registration Form (Per Student)

Student's Name _____ New Grade _____

Social Security Number (Optional) _____

Parent's Name _____ Home Phone # _____

Address _____ Cell Phone# _____

Church Membership _____

Parent's or Guardian's Signature _____

School Insurance Yes _____ No _____

Milk Break (If student opts for 2 milks at lunch in place of milk break, please indicate white):

White _____ Chocolate _____ None _____

(For School Office only below this line)

Tuition Payment (10%) 10 Monthly Payments of _____
(Payable by the 15th of the month)

Or the sum of _____

Registration Fee: \$80.00 (Non-refundable) _____

Book Fee: \$140.00 (Non-refundable) _____

Total Payable to Trinity St. Paul School _____

Athletic Fee (\$30.00 per Family) _____

Total Payable to Trinity St. Paul PTL Fund _____

Lunch – August/September (\$67.20 w/out milk; \$76.20 w/milk) _____

Total Payable to Trinity St. Paul Lunch Fund _____