

Trinity Enrollment Form

Trinity Homeschool Academy Co-op and Resource Center Family Enrollment Form

**Today’s Date Month Day Year**

**Husband Name (First) MI Last**

(If Applicable)

**His Mobile ( )**

**Spouse Name (First) MI Last**

(If Applicable)

**Her Mobile ( )**

**Her Work ( )**

**Her Email ( )**

**Street Address**

**City State Zip Code**

**Primary Phone ( )**

**CHILDREN LIVING WITH YOU**

**Name (First) MI Last Male or Female**

**Date of Birth Month Day Year\_\_\_\_\_\_**

**Name (First) MI Last Male or Female**

**Date of Birth Month Day Year\_\_\_\_\_\_\_**

**Name (First) MI Last Male or Female**

**Date of Birth Month Day Year**\_\_\_\_\_\_

**Name (First) MI Last Male or Female**

**Date of Birth Month Day Year\_\_\_\_\_\_**

**Name (First) MI Last Male or Female**

**Date of Birth Month Day Year**\_\_\_\_\_\_\_

**Name (First) MI Last Male or Female**

**Date of Birth Month Day Year**\_\_\_\_\_\_\_

**Your Signature**

**How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**