

**Trinity Lutheran Church
2005-2006 Second Year Confirmation
Enrollment Form**

Student Name _____
First Middle Last

Address _____ **City** _____ **Zip** _____

Home Phone _____ **Email** _____

School _____ **Grade** _____

Birth Date _____ **Baptismal Date** _____ **Acolyte Trained?** _____

Parent/Guardian _____ **Relationship** _____

Work Phone _____ **Church Membership** _____

Parent/Guardian _____ **Relationship** _____

Work Phone _____ **Church Membership** _____

Any disabilities or concerns that we should be aware of: _____

Return to: Trinity Lutheran Church (attention Ronda Krauskopf) 427 N. Magnolia St.,
Orlando 32801, fax 407-423-2085, bring to church or to the church or school office, or
bring the night of the confirmation potluck, Sept. 11, 5-7 p.m., in the Fellowship Hall.
Thank you.