



Trinity Baptist Church

Graduate Registration Form



2024

GRADUATES:

KINDERGARTEN

ELEMENTARY

MIDDLE SCHOOL

HIGH SCHOOL

**COLLEGE
&
UNIVERSITY**

Graduates Full Name:

Phone #:

Guardian Phone #:

Address:

City: _____ State: _____ Zip Code: _____

Parent/Guardian

Work Phone:

Graduation Date:

Graduated From : *(Name of School)*

List any awards, degrees, and Certificates, that you will receive:

Name of School that you will be attending:

Current Employment or Employment after Graduation:

Other info: _____

Clear Attached Photo:

**ALL GRADUATES ARE ASKED TO TURN
IN A GRADUATION PHOTO!!**