



**REGISTRATION FORM
2023-2024
ST. PAUL LUTHERAN SCHOOL**

STUDENT INFORMATION

Student's Full Name: _____

Grade: (please circle) 3 day-PreK 5 day-PreK K 1 2 3 4 5 6

New Student:* _____ Returning Student: _____

Permanent Address: _____

City/State/Zip: _____

School District Student Resides In: _____

Phone: () _____ Sex: _____ DOB: ____/____/____

Social Security #: ____/____/____ Birthplace: _____

* New Students: We will need a copy of their birth certificate, social security card & immunization record.

PARENT INFORMATION

Father's Name: _____

Same Address: _____ If no, _____

Mother's Name: _____

Same Address: _____ If no, _____

Student lives with: Both parents: _____ Mother: _____ Father: _____ Other: _____

Father's Employer: _____ Phone #: (____) _____

Address: _____ Cell/Pager: (____) _____

Mother's Employer: _____ Phone #: (____) _____

Address: _____ Cell/Pager: (____) _____

Email Address: _____

Your contact information may be published in Roster shared with School Families: ____ Yes ____ No

IMPORTANT INFORMATION

Name of Church Attending:		
Is Child Baptized:	Where and when:	
Doctor:	Dentist:	Hospital of choice:
Health Insurance Co:		
Name of Policy Holder:		
<i>LIST ANY SPECIAL INSTRUCTIONS REGARDING MEDICAL PROBLEMS, ALLERGIES, MEDICATIONS, ETC.</i>		
School District of Residence:		
Last School Attended:	City/State:	
Has your child ever been: Retained: _____ Expelled: _____ Suspended: _____		
If yes, please describe:		
Names & ages of other children in the home:		

EMERGENCY & PICK UP INFORMATION

After school, my child(ren) will be: <i>(Please circle one for each day, Pick Up or Bus)</i>		
Mon - P/U or Bus - Tue - P/U or Bus - Wed - P/U or Bus - Thur - P/U or Bus - Fri - P/U or Bus		
The following persons may act on our behalf if the parents cannot be reached:		
_____	_____	_____
Name	Relationship to Student(s)	Phone #
_____	_____	_____
Name	Relationship to Student(s)	Phone #
The following individuals may pick up my children from school.		
_____	_____	_____
Name	Relationship to Student(s)	Phone #
_____	_____	_____
Name	Relationship to Student(s)	Phone #

