

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 | າ 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

| Name of Church Attending: | | | | | | |
|--|---|------------------------------|--|--|--|--|
| s Child Baptized: Where and when: | | | | | | |
| Doctor: De | entist: Hospita | ıl of choice: | | | | |
| Health Insurance Co: | | | | | | |
| Name of Policy Holder: | | | | | | |
| LIST ANY SPECIAL INSTRUCTI | ONS REGARDING MEDICAL PROBLEMS, | ALLERGIES, MEDICATIONS, ETC. | | | | |
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| School District of Residence: | | | | | | |
| Last School Attended: | City/State: | | | | | |
| Has your child ever been: Re | tained: Expelled: | Suspended: | | | | |
| If yes, please describe: | | | | | | |
| | | | | | | |
| Names & ages of other childre | en in the home: | | | | | |
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| EMERGENCY & PICK UP IN | FORMATION | | | | | |
| After school, my child(ren) wi | ill be: (Please circle one for each day, Pi | ck Up or Bus) | | | | |
| 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 m | nay pick up my children from school | | | | | |

Relationship to Student(s)

Phone #

PHOTO AUTHORIZIATION

| I hereby give permission for | or my child's photogra | aph to be published by St. | Paul Lutheran School as |
|-------------------------------|------------------------|---------------------------------------|--------------------------------|
| part of its promotional and a | dvertising publicatio | ns. This includes, but is n | ot limited to, internet, print |
| and electronic media. I und | erstand that no addre | esses will be affixed to the | photos. |
| This applies to any promo | | | |
| to follow. | | | |
| Yes No | Signature: | | |
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| For Office Use Only: | GRADE: | START DATE: | |
| Forms Required Below | | | Health |
| BC: SSC: | | | |
| Immunization: | | | _ SP/GRNT: \$ |
| T/A APP: | | 1ENT: \$ | |
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| BC: SSC: | | | |
| Immunization: | | | _ SP/GRNT: \$ |
| T/A APP: | | 1ENT: \$ | |
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