

FAITH LUTHERAN SCHOOL

Enrollment Form

Please complete this form in its entirety (both sides)

Date of Admission: _____

Where did you hear about Faith Lutheran School?
 Friends Family Newspaper/Ad Other _____

I was referred to Faith Lutheran School by: _____

Entering Early Childhood: (Check One) **3 year olds must be three by Sept. 1st** **4 year olds must be four by September 1st**
PS-3 AM PM PS-4 AM PM

Entering Grade: (Check One)
 KINDERGARTEN GRADE 1 GRADE 2 GRADE 3 GRADE 4 GRADE 5 GRADE 6

PART I: IDENTIFYING INFORMATION:

STUDENT NAME				GENDER
LAST	FIRST	MIDDLE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

ADDRESS				PHONE NUMBER
STREET	APT. NO.	CITY	ZIP	() ()

DATE OF BIRTH:	PLACE OF BIRTH:	CHILD RESIDES WITH:	U.S. CITIZEN / RESIDENT?
		State relationship and/or other special circumstances)	<input type="checkbox"/> YES <input type="checkbox"/> NO

CHURCH MEMBERSHIP:	BAPTISM DATE:	BAPTISM PLACE:	ETHNIC ORIGIN:

PART II: PARENT / GUARDIAN INFORMATION (INDIVIDUALS RESPONSIBLE FOR ENROLLMENT, TUITION, AND HEALTH OF STUDENT)

NAME: _____ RELATIONSHIP: _____
 ADDRESS: _____
 HOME PHONE: _____ CELL PHONE: _____
 WORK PHONE: _____ PAGER #: _____
 OCCUPATION: _____ FORMAL EDUCATION: _____
 EMPLOYER: _____
 ADDRESS: _____
 CHURCH MEMBERSHIP: _____

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 ADDRESS: _____
 HOME PHONE: _____ CELL PHONE: _____
 WORK PHONE: _____ PAGER #: _____
 OCCUPATION: _____ FORMAL EDUCATION: _____
 EMPLOYER: _____
 ADDRESS: _____
 CHURCH MEMBERSHIP: _____

PART III: EMERGENCY CONTACTS

NAME: _____
 RELATIONSHIP: _____
 DAYTIME PHONE: () _____
 CELL PHONE: () _____
 Can the student be released to this person? Yes No

NAME: _____
 RELATIONSHIP: _____
 DAYTIME PHONE: () _____
 CELL PHONE: () _____
 Can the student be released to this person? Yes No

If there are other people authorized to pick up your child, attach a list with name, relationship, phone number, and DL #. Emergency Contacts will only be contacted if neither parent is reachable.