



# ST. JOHN'S LUTHERAN SCHOOL ENROLLMENT FORM

**How did you hear about St. John's?**  
 Friend \_\_\_\_\_  
 Advertisement \_\_\_\_\_ **Circle one**  
 Family \_\_\_\_\_  
 Other \_\_\_\_\_

## ONE FORM PER FAMILY

**child #1** Grade next school year \_\_\_\_\_ Name of Church \_\_\_\_\_ Baptismal date \_\_\_\_\_  
**Student's First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Nickname or goes by** \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Needs/Medicines \_\_\_\_\_

**child #2** Grade next school year \_\_\_\_\_ Name of Church \_\_\_\_\_ Baptismal date \_\_\_\_\_  
**Student's First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Nickname or goes by** \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Needs/Medicines \_\_\_\_\_

**child #3** Grade next school year \_\_\_\_\_ Name of Church \_\_\_\_\_ Baptismal date \_\_\_\_\_  
**Student's First Name** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Nickname or goes by** \_\_\_\_\_ Birth date \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_  
 Allergies \_\_\_\_\_  
 Special Needs/Medicines \_\_\_\_\_

**Student(s) address** \_\_\_\_\_  
**City** \_\_\_\_\_ **State** \_\_\_\_ **Zip** \_\_\_\_\_ **Telephone number** ( ) \_\_\_\_\_

**Circle: Mother Step-Mother** Name of Church \_\_\_\_\_  
 First name \_\_\_\_\_ M.I. \_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Email address \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
 Employer \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Circle: Father Step-Father** Name of Church \_\_\_\_\_  
 First name \_\_\_\_\_ M.I. \_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Email address \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_  
 Employer \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Emergency Contacts** Relationship \_\_\_\_\_  
 First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Cell phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**Emergency Contacts** Relationship \_\_\_\_\_  
 First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
 Cell phone number ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**In which public elementary/middle school would your child attend if not enrolled here?**

**\*\*PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM. IT IS A REQUIREMENT FROM THE STATE DEPARTMENT OF EDUCATION.**

