

St. Matthew Lutheran School – Westland, MI
Registration

New Student Section (must be completed)

Last name: _____ First Name: _____ M.I.: _____

Street Address: _____ City/ST/Zip: _____

Home phone: _____ Email: _____

Church membership/city: _____ Denomination: _____

August grade: _____ Birthdate: DD/MM/YYYY Gender (circle): M F Ethnicity (Optional): _____

Baptized? Y N Date: MM/DD/YYYY Baptism church/city: _____

Allergies: _____

Medical Conditions: _____

Comments: _____

Last name: _____ First Name: _____ M.I.: _____

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Church membership/city: _____ Denomination: _____

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Baptized? Y N Date: MM/DD/YYYY Baptism church/city: _____

Allergies: _____

Medical Conditions: _____

Comments: _____

Family Section (must be completed)

Mailing address:

Title (circle): Mr. / Ms. / Mrs. / Mr. and Mrs.

Name: _____

Street Address: _____ City/ST/Zip: _____

Parent/Legal Guardian

Last name: _____ First Name: _____ Relation to child: _____

Street Address: _____ City/ST/Zip: _____

Home phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ Marital Status: S M D W

Church membership/city: _____ Denomination: _____

Occupation: _____ Employer: _____

Legal Guardian Resides with student Responsible for tuition

Parent/Legal Guardian:

Last name: _____ First Name: _____ Relation to child: _____

Street Address: _____ City/ST/Zip: _____

Home phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ Marital Status: S M D W

Church membership/city: _____ Denomination: _____

Occupation: _____ Employer: _____

Legal Guardian Resides with student Responsible for tuition

Medical Information:

Doctor Name: _____ City: _____ Phone: _____

Preferred Hospital/city: _____

Insurance Carrier: _____ ID #: _____ Group#: _____

Name of insured: _____

Emergency Contacts (must list 2):

Name: _____ Phone: _____ Alt. Phone: _____

Relation to student: _____ Authorized for pickup: Y N

Name: _____ Phone: _____ Alt. Phone: _____

Relation to student: _____ Authorized for pickup: Y N

Signature: _____ Date: _____