

Good Shepherd Lutheran School

2021-2022 Registration Form ~ One Per Family

Student Information:

Last Name	First Name	Middle Initial	Gender M / F	Date of Birth	Grade Entering in Fall	Name of Church Home	Baptized YES / NO	Baptism Date
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Pacific <input type="checkbox"/> 2 or more races								
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Pacific <input type="checkbox"/> 2 or more races								
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Pacific <input type="checkbox"/> 2 or more races								
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Pacific <input type="checkbox"/> 2 or more races								
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Pacific <input type="checkbox"/> 2 or more races								

Mother's Information:

Mother's Name	Address		City	Zip
Home Phone	Cell Phone		Email Address	
Employer	Occupation		Work Phone	Active Military?
				Y/N

Father's Information:

Father's Name	Address		City	Zip
Home Phone	Cell Phone		Email Address	
Employer	Occupation		Work Phone	Active Military?
				Y/N

~ Registration information continued on back ~

Sibling Information: (Please list other children in the household)

Last Name	First Name	Middle Initial	Gender M / F	Date of Birth

Emergency Contact Information (list in order of preference):

Name	Phone Number	Relationship to Child

Medical Information:

Child's Name	Situation	Action Necessary

Child(ren)'s Physician	Phone Number

Transfer Information (if applicable):

Name of Previous School	Address	Phone Number

Parent or Guardian Signature

Date