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: (Check one) \_\_\_Hispanic \_\_\_Caucasian \_\_\_African American \_\_\_Asian \_\_\_Indian/Alaskian \_\_\_Pacific \_\_\_2 or more races

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Ethnicity: (Check one) \_\_\_Hispanic \_\_\_Caucasian \_\_\_African American \_\_\_Asian \_\_\_Indian/Alaskian \_\_\_Pacific \_\_\_2 or more races

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Ethnicity: (Check one) \_\_\_Hispanic \_\_\_Caucasian \_\_\_African American \_\_\_Asian \_\_\_Indian/Alaskian \_\_\_Pacific \_\_\_2 or more races

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Ethnicity: (Check one) \_\_\_Hispanic \_\_\_Caucasian \_\_\_African American \_\_\_Asian \_\_\_Indian/Alaskian \_\_\_Pacific \_\_\_2 or more races

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Ethnicity: (Check one) \_\_\_Hispanic \_\_\_Caucasian \_\_\_African American \_\_\_Asian \_\_\_Indian/Alaskian \_\_\_Pacific \_\_\_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 |
|  |  |  |  |  |
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|  |  |  |  |  |

Emergency Contact Information (list in order of preference):

|  |  |  |
| --- | --- | --- |
| Name | Phone Number | Relationship to Child |
|  |  |  |
|  |  |  |
|  |  |  |

Medical Information:

|  |  |  |
| --- | --- | --- |
| Child’s Name | Situation | Action Necessary |
|  |  |  |
|  |  |  |
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| --- | --- |
| Child(ren)’s Physician | Phone Number |
|  |  |

Transfer Information (if applicable):

|  |  |  |
| --- | --- | --- |
| Name of Previous School | Address | Phone Number |
|  |  |  |

|  |
| --- |
|  |

Parent or Guardian Signature

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| --- |
|  |

Date