

# St. Peter's Lutheran School 2018/19 Registration Form

**Parent/Guardian #1 (where student resides) \* required** Please enter all phone numbers as area code-prefix-number

CHECK HERE IF THERE ARE NO CHANGES- FILL IN LAST NAME AND SIGN FORM

Parent with child in St. Peter's Lutheran School:  Yes  No St. Peter's Lutheran School Church Member:  Yes  No Teacher/Staff:  No  Yes

Last Name \* :  First Name \* :  Initial:  Title:  Suffix:

Address \* :  City \* :  State \* :  Zip \* :

Home Phone \* :  Work Phone:  Cell Phone:  Relationship:

Occupation:  Business Address,City,State,Zipcode:

Religion/Church:  E-Mail:

**Parent/Guardian #2**

Last Name:  First Name:  Initial:  Title:  Suffix:

Work Phone:  Cell Phone:  Relationship:

Occupation:  Business Address,City,State,Zipcode:

Religion/Church:  E-Mail:

Check if address and home phone is the same as above for parent/guardian #2 and leave the next line blank.

Address:  City:  State:  Zip:  Home Phone:

I/We have  children currently attending St. Peter's Lutheran School.

If either parent is deceased, please check box: Mother is deceased:  Father is deceased:

**Other responsible persons ie. Emergency Contacts**

(#3) Last Name:  First Name:  Title:  Relationship:  Phone:

(#4) Last Name:  First Name:  Title:  Relationship:  Phone:

**Medical information:**

Doctor's name:  Doctor's phone:  Hospital:  Insurance:

Parents interested in registering their children for St. Peter's Lutheran School's 2018/19 school year must submit this form to the school office with a non-refundable registration fee per student.

Register for 2018/19 \_\_\_\_\_  
Parent Signature Date

New Students: \_\_\_\_\_  
Name Birth Date Grade (Fall 2018)

\_\_\_\_\_  
Name Birth Date Grade (Fall 2018)