

St. Peter's Lutheran School 2019/20 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: _____ St. Peter's Lutheran School Church Member: _____ Teacher/Staff:

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 2019/20 school year must submit this form to the school office with a non-refundable registration fee per student.

Register for 2019/20 _____
Parent Signature Date

New Students: _____
Name Birth Date Grade (Fall 2019)

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