

St. Paul Lutheran School  
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**ENROLLMENT FORM 2008-09 SCHOOL YEAR**

Today's Date: \_\_\_\_\_  Current Student  New Student

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_  Male  Female

City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Grade Enrolling In: \_\_\_\_\_ Previous School: \_\_\_\_\_

Name of Person Paying Tuition: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

**FAMILY INFORMATION**

Student lives with (check all that apply):  Father  Mother  Stepfather  Stepmother

Other (name and relationship) \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Member of Which Church: \_\_\_\_\_

Member of Which Church: \_\_\_\_\_

**CHURCH RELATIONSHIP**

Has the child been baptized? \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Where? \_\_\_\_\_

Would you like your child baptized at St. Paul Lutheran Church? \_\_\_\_\_

**OTHER**

Will you be sending the student to Little Lambs Day Care and Learning Center for before or after school care?

Yes  No (If yes, a separate registration with Little Lambs is required.)

If the student is new at St. Paul this year, how did you hear about St. Paul Lutheran School?

\_\_\_\_\_  
Do you have family or friends who we could share information about our school? \_\_\_\_\_

<i>For Office Use Only</i>			
Date Received: _____	Registration Fee: _____	Check#: _____	
Tuition Rate: _____	Current Physical/Immunization: _____	Emergency Contact: _____	
Referred by: _____	1 <sup>st</sup> Semester Incentive: _____	2 <sup>nd</sup> Semester Incentive: _____	