

St. Johns Lutheran School Family Registration Form

2022-2023

Student(s) Last Name	First	Middle	Will student use Public School Bus transport time during the school year?
Street Address	City	State/Zip	Student Cell Phone #
			1. _____
			2. _____
			3. _____
MOTHER'S INFORMATION Name	FATHER'S INFORMATION Name	STUDENT LIVES WITH (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent Other:	EMERGENCY/DAYCARE INFORMATION parents are unable to be reached
Address (if different than student's)	Address (if different than student's)		1st Contact Name
Home Phone	Home Phone		Phone Numbers
Cell Phone	Cell Phone		Relationship to Student
Place of Employment	Place of Employment	LEGAL CUSTODY (circle one):	2nd Contact Name
Work Phone	Work Phone	Mother & Father Mother Only Father Only Guardian Foster Parent Other:	Phone Numbers
Primary Email Address	Primary Email Address		Relationship to Student
Marital Status	Marital Status		

**Please see reverse side						
I give the following individuals permission to pick up and provide transportation to my student/s:						
Name:				Relation to Student/s:		Phone Number:
Signature of Person Registering the Student:				Date signed:		

