

St. Johns Lutheran School Family Registration Form

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

