

St. Johns Lutheran School New Student Registration Form

Date of Registration:											
Entry Grade Level (circle one):	Preschool 3-year-old	Preschool 4-year-old	K	1	2	3	4	5	6	7	8
Name											
	<i>(Last)</i>			<i>(First)</i>				<i>(Middle)</i>			
Date of Birth:	/ /		Student Gender (circle one):				Male / Female				
Student Ethnic Background:	Native American	Asian	Hispanic	African American	Caucasian						
List School(s) Most Recently Attended:							Date Last Attended:	Grade:			
Date of Baptism:			Church:								
Church Membership:											
May your child be photographed at school? <i>(Circle one)</i>	Yes					No					
Siblings:	Name(s):						Date of Birth(s):				
Please return this form with:	<ul style="list-style-type: none"> Photocopy of Birth Certificate <i>(can be made in the school office)</i> Immunization Record Family Registration Form Student Health Form 										
Signature of Parent:											