

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	City	State/Zip	Student Cell Phone # 1. _____ 2. _____ 3. _____ 4. _____
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 (if 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	LEGAL CUSTODY (circle one): Mother & Father Mother Only Father Only Guardian Foster Parent Other:	Phone Numbers
Cell Phone	Cell Phone		Relationship to Student
Place of Employment	Place of Employment		2nd Contact Name
Work Phone	Work Phone		Phone Numbers
Primary Email Address	Primary Email Address		Relationship to Student
Marital Status	Marital Status		
Signature of Person Registering the Student:		Date signed:	