

# St. Johns Lutheran School Family Registration Form

2021-2022

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	LEGAL CUSTODY (circle one):  Mother & Father Mother Only Father Only Guardian Foster Parent Other:	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:	

