

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 (<i>circle one</i>):				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:											