

St. Stephen Lutheran School Registration Form - New Student

Please return with \$50 non-refundable deposit

Grade Student Is Enrolling In: _____

Referred By : _____

Date: _____

Biographical Data:

Pupil's Name _____
Last First Middle

Adopted Yes ___ No ___

Address _____ Phone _____

City/State _____

Date of birth _____
month day year

Place of birth _____
city and state

Date of baptism _____
month day year

Sex (please circle) male female

Church where baptized _____
name city state synod

School transferring from _____
school name

Address

Has your child ever been expelled or suspended from school? _____

If yes, explain _____

Is your child enrolled in a special education class or program? _____

If yes, explain _____

Will your child be riding the bus to or from school? _____

Father

(please circle one)

Natural Adopted Step-father

Mother

(please circle one)

Natural Adopted Step-father

Name: _____

Employer: _____

Occupation: _____

E-mail: _____

Church member at _____

Ethnic Group _____

Marital Status _____

Name: _____

Maiden Name: _____

Employer: _____

Occupation: _____

E-mail: _____

Church member at _____

Ethnic Group _____

Marital Status _____

Siblings (name and date of birth)
