

Good Shepherd Lutheran School

2017-2018 Registration Form ~ One Per Family

Student Information:

Last Name	First Name	Middle Initial	Gender M / F	Date of Birth	Grade Entering in Fall	Church Membership	Baptized YES / NO	Baptism Date

Mother's Information:

Mother's Name	Address	City	Zip

Home Phone	Cell Phone	Email Address

Employer	Occupation	Work Phone

Father's Information:

Father's Name	Address	City	Zip

Home Phone	Cell Phone	Email Address

Employer	Occupation	Work Phone

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Emergency Contact Information (list in order of preference):

Name	Phone Number	Relationship to Child

Medical Information:

Child's Name	Situation	Action Necessary

Child(ren)'s Physician	Phone Number

Child(ren)'s Dentist	Phone Number

Transfer Information (if applicable):

Name of Previous School	Address	Phone Number

Parent or Guardian Signature

Date