

OUR SAVIOR LUTHERAN SCHOOL ENROLLMENT FORM

GRADE LEVEL _____ FOR 20__-20__ SCHOOL YEAR

STUDENT'S FULL NAME _____ NICK NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME TELEPHONE NUMBER _____

DATE BIRTH _____ CITY _____ STATE _____

DATE AND PLACE (church, city & state) OF BAPTISM OF YOUR CHILD _____

NAME OF CHURCH YOU REGULARLY ATTEND _____

LOCAL PUBLIC SCHOOL DISTRICT _____

FATHER'S NAME _____

PLACE OF EMPLOYMENT _____

WORK TELEPHONE NUMBER _____ /cell phone _____

E-MAIL ADDRESS _____

MOTHER'S NAME _____ MAIDEN NAME _____

PLACE OF EMPLOYMENT _____

WORK TELEPHONE NUMBER _____ /cell phone _____

E-MAIL ADDRESS _____

ALLERGIES OR OTHER MEDICAL PROBLEMS OF YOUR CHILD _____

IN CASE OF AN EMERGENCY, IF PARENTS CANNOT BE REACHED, CONTACT

NAME _____ TELEPHONE NUMBER _____

DOCTOR TO BE NOTIFIED IN CASE OF EMERGENCY _____

DOCTOR'S TELEPHONE NUMBER _____

BUS TRANSPORTATION - (check the service desired:)

_____ If you live in Grand Rapids Pulic School District, that district may provide you with free bus service to Our Savior Lutheran school.

PLEASE USE THE BACK SIDE OF THIS SHEET FOR ANY ADDITIONAL INFORMATION THAT YOU FEEL WOULD HELP THE SCHOOL UNDERSTAND AND EDUCATE YOUR CHILD.

PARENT'S SIGNATURE _____ DATE _____