

Good Shepherd Lutheran School
New Student Registration Form
(To be completed by parent or guardian - please print.)

This is a permanent record and must be signed by the student's legal guardian.

Date of student's registration: _____

Student's legal name _____ Sex: F M
(last) (first) (middle)

Is student known by any other last name? _____ Nickname _____

Place of birth _____ Date of birth: _____
(city) (state) (mo.) (day) (yr.)

Church affiliation: _____

Parent and/or legal guardian information: Employer and Telephone Number

Father's name: _____

Stepfather: _____

Guardian/Foster Parent: _____

Mother's name: _____

Stepmother: _____

Guardian/Foster Parent: _____

Student's Address: _____
(address) (city) (state) (zip)

Home Phone Number: _____ Cell Number(s): _____

List in chronological order student's brothers and sisters:

Name	Birthdate	Name	Birthdate
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Enrollment Information (previous schools attended):

Grade(s)	Name of School	Address	Dates Attended
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Parent or Legal Guardian _____