

ST. PAUL LUTHERAN SCHOOL

2020-2021 STUDENT REGISTRATION FORM

FOR OFFICE USE ONLY:	Date Received:	Amount Received:	Check Number:
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STUDENT INFORMATION (Please Print)

Student lives with: (check all that apply) Both Parents Mother Father Stepmother Stepfather Other_____

Parent's Marital Status Married Divorced Separated Single Mother Deceased Father Deceased

STUDENT NAME:
(Last, First, Middle) (Nickname) Gender Male Female Grade Entering

Date of Birth: Birthplace (City/State): Baptismal Date:

Name of Church Where Baptized: Denomination:

Present Church Affiliation: City/State: ZIP Code:

Schools Previously Attended: City/State:

PRIMARY RESIDENCE (Please Print)

PARENT: Relationship:

Home Address: City/State: Zip:

Email: School district of residence: Home or Cell Phone:

Employer: Occupation: Work Phone:

SPOUSE: Relationship:

Home Address: City/State: Zip:

Email: Home Phone: Cell Phone:

Employer: Occupation: Work Phone:

SECONDARY RESIDENCE (if applicable) (Please Print)

PARENT: Relationship:

Home Address: City/State: Zip:

Email: Home Phone: Cell Phone:

Employer: Occupation: Work Phone:

CHILDCARE

Name: Home Phone: Cell Phone: Before School After School

Name: Home Phone: Cell Phone: Before School After School

EMERGENCY INFORMATION – Responsible Adult For Emergency Notification & Transportation if parents are unreachable (Please Print)

Name: Home Phone: Cell Phone: Work Phone:

Name: Home Phone: Cell Phone: Work Phone:

Name: Home Phone: Cell Phone: Work Phone:

OVER →

RACE – What Is The Student’s Race? Choose One Or More

American Indian or Alaska Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

White

ADDITIONAL CHILDREN IN FAMILY

Name:

Birthdate:

Name:

Birthdate:

Name:

Birthdate:

Name:

Birthdate:

Name:

Birthdate:

GRANDPARENTS INFORMATION – Use for Grandparent’s Day

Name:

Address:

Name:

Address:

Name:

Address:

Please check the box if you desire to enroll in an Adult Instruction Class so that you may investigate the possibility of joining St Paul Lutheran Church.

Were you referred to St Paul Lutheran School by anyone? Yes No

If yes, please allow us to thank them by recognizing them _____

If a parent or the designated adult cannot be reached and school personnel conclude that the child is in need of immediate medical attention, the Rochelle Fire Dept. Ambulance will be called and the child will be transported to the Rochelle Hospital. A student who becomes ill or injured at school will not be treated or transported by the Rochelle Fire Dept. Ambulance without an effort to obtain parental permission. Please be advised that the rules of the Rochelle Fire Dept. Ambulance require that patients will be taken to Rochelle Hospital. At the Rochelle Hospital emergency room, the patient’s condition will be analyzed and stabilized and arrangements may be made by the parents to transport the patient to the hospital of their choice. If there are any questions, please contact the school

Date _____ Parent/Guardian Signature _____

I hereby understand that this registration form is to be accompanied by the registration fee. ***The registration fee is non-refundable.***

Date _____ Parent/Guardian Signature _____

STUDENT REGISTRATION FORM MUST BE COMPLETED FOR EACH CHILD

NOTICE OF NON-DISCRIMINATORY POLICY AS TO STUDENTS

St Paul Lutheran School, Rochelle, IL, admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.