

2007-2008 ST. PAUL LUTHERAN SCHOOL REGISTRATION FORM

Child's Name _____ Grade this Fall _____
(Last) (First) (Middle)

Father's Name _____ Address _____
Home Phone _____ Father's Cell Phone _____ Business Phone _____
Place of Business _____ Father's Church Membership _____

Mother's Name _____ Address _____
Home Phone _____ Mother's Cell Phone _____ Business Phone _____
Place of Business _____ Mother's Church Membership _____

Child resides with: ___Mother/Father ___Mother only ___Father only ___Mother/Stepfather ___Father/Stepmother ___Grandparents ___Guardian ___Other: _____
Title of above: ___Mr. & Mrs. ___Mr. ___Ms. ___Mrs. _____Other (specify)

Child's Ethnic Background: ___White ___African American ___Hispanic ___Asian American ___American Indian _____Other (specify)
___Male ___Female _____Birth Date _____Birth Place
_____Baptism Date _____Church where baptized
_____Child's Church Membership

Will your child be using bus transportation? ___Yes ___No
*School District in which you reside: ___Fort Dodge ___Manson Northwest Webster ___Humboldt ___Southeast Webster ___Prairie Valley ___Eagle Grove _____Other (specify)
*If you live outside of the Fort Dodge Community School District and wish to be reimbursed for transportation, contact your resident school district for a "Nonpublic Parent Reimbursement Request Form."

If you reside in the Fort Dodge Community School district, which school would your child attend if not attending St. Paul Lutheran School? ___Butler ___Duncombe ___Hillcrest ___Riverside ___Cooper ___Feelhaver ___Fair Oaks (5 th & 6 th grade) ___Phillips (7 th & 8 th)

In the case of an illness or emergency: Who should we contact if neither parent can be reached? Name(s) _____ or _____ Phone Numbers _____
If none of the above can be reached, call my child's doctor, _____ (phone) _____ If none of the above are available when needed, I authorize the school to obtain a doctor of their choosing.
Parent's signature _____ E-mail address _____