

Zion St. John Lutheran School Application

Legal Name of Pupil _____

Nickname (if used) _____ Male _____ Female _____ Social Security # _____

Address _____
Street City State Zip

Birth Date _____ Grade Entering _____ School District Student Resides in _____

Place of Birth _____
City State

Name and Location of Home Church _____

If you do not belong to a church would you like pastor to contact you? (Yes or No)

Date & Place of baptism _____

If not baptized, would you like information about baptizing your child? (Yes or No)

Father's Name _____ Cell Phone _____

Occupation _____ Employer _____ Work Number _____

Email address _____

Address if different from above _____

Mother's Name _____ Cell Phone _____

Occupation _____ Employer _____ Work Number _____

Email address _____

Address if different from above _____

Parents are: _____ married _____ separated _____ divorced _____ other

Does student live with both parents: (Yes or No) If no, with whom? _____

Is above person legal guardian? (Yes or No)

Brothers & Sisters (List age & grade level next year)

Record of Previous Education Experiences

| Date | Name & Location | Description |
|-------|-----------------|-------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I wish to enroll at Zion St. John Lutheran School to assist me in providing a Christian education.

Date _____ Parent Signature _____