

STUDENT REGISTRATION FORM

Luther Memorial School
134 21st Street
Fond du Lac, WI 54935

Parent Names: _____	Date: _____		
Address: _____			
City: _____	Zip Code: _____	Home Phone: _____	
Home Church: _____	Address: _____		
First Child: _____	Age: _____	Birth Date: _____	Grade: _____
Baptism Date: _____			
Second Child: _____	Age: _____	Birth Date: _____	Grade: _____
Baptism Date: _____			
Third Child: _____	Age: _____	Birth Date: _____	Grade: _____
Baptism Date: _____			

Cell Phone Number: _____ (Mother) _____ (Father)

Email Address: _____ (Mother) _____ (Father)

Father's Occupation: _____ Employer: _____

Work Number: _____ ext. _____ Typical Work Hours: _____

Mother's Occupation: _____ Employer: _____

Work Number: _____ ext. _____ Typical Work Hours: _____

EMERGENCY CONTACTS: (other than parent)

1) Name: _____ Relationship: _____
City: _____ Phone: _____ or _____

2) Name: _____ Relationship: _____
City: _____ Phone: _____ or _____

PERSONS AUTHORIZED BY PARENT TO PICK UP CHILD(REN) FROM SCHOOL:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

(Please complete reverse side of form also)

Insurance Provider: _____

Emergency Medical Facility: _____

Emergency Medical Phone Number: _____

Medical ID Number: _____ Child: _____

Medical ID Number: _____ Child: _____

Medical ID Number: _____ Child: _____

"Non-Emergency" Advice Phone Number (if available): _____

Physician's Name: _____ Phone Number: _____

Dentist: _____ Phone: _____

Orthodontist: _____ Phone: _____

FOOD OR DRUG ALLERGIES? _____

Any condition which may affect the physical/emotional state of your child:

Any condition which would limit full school participation:

Special medications: _____

How did you hear about Luther Memorial School? _____

Please explain why you wish your child(ren) to attend our school. If transferring from a different school, please explain reason for transfer:

I understand that one half of my child(ren)'s total tuition is due and payable at the time of fall registration (August). The remaining balance is then due on February 1st of that school year. If an account becomes 30 days past due, I understand that my child will not be able to attend classes until the delinquent account is brought up to date.

I have read the Luther Memorial School Handbook. I understand and agree that by enrolling my child I indicate my willingness to abide by the policies, procedures, and rules set forth in the handbook.

X _____ X _____ _____
 Mother's signature Father's signature Date

* Luther Memorial School admits students of any race, color, and national or ethnic origin.