



# St. Paul Lutheran School

Registration/Emergency Information  
240 E Green Bay Street • Bonduel WI 54107 • 715-758-8532  
<http://www.stpaulbonduel.com/>

### Choose One:

- Kindergarten
- 1<sup>st</sup> Grade
- 2<sup>nd</sup> Grade
- 3<sup>rd</sup> Grade
- 4<sup>th</sup> Grade
- 5<sup>th</sup> Grade
- 6<sup>th</sup> Grade
- 7<sup>th</sup> Grade
- 8<sup>th</sup> Grade

Today's Date: \_\_\_\_\_

Print Student's Legal Name: \_\_\_\_\_

Gender (circle one): Male / Female    Date of Birth (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Age (Years): \_\_\_\_\_

Date of Baptism (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Name of Church: \_\_\_\_\_

School district residing in: \_\_\_\_\_    Religion: \_\_\_\_\_

RACE:     White     Indian/Alaskan Native     Asian     Black/African American     Hispanic     Two or More Races     Native Hawaiian/Pacific Islander

Food Allergies: \_\_\_\_\_

Medical Allergies & Conditions: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_    Home Phone: (\_\_\_\_) \_\_\_\_\_

### Name(s) of parent(s) or Guardian(s) student is living with:

1. Last: \_\_\_\_\_    First: \_\_\_\_\_

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_

Occupation: \_\_\_\_\_    Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_    City, State \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_    Service Provider (ex: AT&T, Cellcom, Sprint, etc): \_\_\_\_\_

I authorize St. Paul Lutheran School to send text messages using FastDirect.     YES (must list service provider)     NO

Church Affiliation \_\_\_\_\_    Location \_\_\_\_\_

2. Last: \_\_\_\_\_    First: \_\_\_\_\_

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_

Occupation: \_\_\_\_\_    Work Phone: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_    City, State \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_    Service Provider (ex: AT&T, Cellcom, Sprint, etc): \_\_\_\_\_

I authorize St. Paul Lutheran School to send text messages using FastDirect.     YES (must list service provider)     NO

Church Affiliation \_\_\_\_\_    Location \_\_\_\_\_

Legal custody belongs to:     Both     Mother     Father

### Parent(s)/Guardian Divorced – Name of Parent Child is **NOT** living with: (Release information: Yes No)

Last: \_\_\_\_\_    First: \_\_\_\_\_

Relationship (ex: mom, dad, step-mom, step-dad, legal guardian, etc.) \_\_\_\_\_

Residence Address: \_\_\_\_\_    Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_    State: \_\_\_\_\_    Zip: \_\_\_\_\_    Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian E-mail: \_\_\_\_\_

**Alternate Contact(s)**

1. Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: (\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

2. Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: (\_\_\_\_) \_\_\_\_\_ Wk Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Information**

\_\_\_\_\_  
*Doctor's Name* *Clinic/Hospital* *Phone Number*

\_\_\_\_\_  
*Insurance*

\_\_\_\_\_  
*Dentist Name* *Phone Number*

**Child's siblings in order from oldest to youngest:**

Name Date of Birth Grade in School School Attending

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any additional comments concerning child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Concerns:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_