

Concordia Lutheran School - Farmington Hills/Redford, MI

2017 - 2018

Registration

FAMILY SECTION (Circle) (How should your mail be addressed?)

Mailing name:	Mr Ms Mrs Mr and Mrs		Home church:	
Student residence:	Street address:		Church city:	
	City, state, zip:		Pastor:	
Phone:		Unlisted: <input type="checkbox"/>	From what source did you hear about our school?	
Email:				

PARENT/GUARDIAN SECTION

Last name	Suffix	First name	Relation	Marital status	Resides with students:
Cell phone	Pager		E-mail		
Employer	Name	Address	City state zip	Work phone	Extension
Comment					

Last name	Suffix	First name	Relation	Marital status	Resides with students:
Cell phone	Pager		E-mail		
Employer	Name	Address	City state zip	Work phone	Extension
Comment					

MEDICAL SECTION

Doctor:	Name:	Doctor/Clinic:	Phone:	Hospital:
Address, city:				
Insurance:	Insurance carrier:	Identification number:	Name of insured:	

ALTERNATE CONTACT SECTION

* Indicate order in which contacts should be notified.

Seq*	Name	Relation to student(s)	Address	City, state, zip
Phone	Cell phone	Pager	Comment	
Seq*	Name	Relation to student(s)	Address	City, state, zip
Phone	Cell phone	Pager	Comment	
Seq*	Name	Relation to student(s)	Address	City, state, zip
Phone	Cell phone	Pager	Comment	

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STUDENT SECTION

Last name		Suffix	First name		Middle name		Sex	Ethnicity*		Baptism date	
Email	Date of birth	Birth city		Birth county		Birth state	Birth country	Day care	Courier	Sept grade**	
Previous school	School name			School address			School city, state, zip				
Allergies				Health note				Last DTaP date:			
Comment											

Last name		Suffix	First name		Middle name		Sex	Ethnicity*		Baptism date	
Email	Date of birth	Birth city		Birth county		Birth state	Birth country	Day care	Courier	Sept grade**	
Previous school	School name			School address			School city, state, zip				
Allergies				Health note				Last DTaP date:			
Comment											

Last name		Suffix	First name		Middle name		Sex	Ethnicity*		Baptism date	
Email	Date of birth	Birth city		Birth county		Birth state	Birth country	Day care	Courier	Sept grade**	
Previous school	School name			School address			School city, state, zip				
Allergies				Health note				Last DTaP date:			
Comment											

* Indicate as: P3A for 3 yr. pre-school morning class, P3F for 3 yr. pre-school full day class, P4A for 4 yr. pre-school morning class, P4F for 4 yr. pre-school full day class, PFT for 3-4 yr. old full time classes and K for Kindergarten.

** Indicate as: A for American Indian/Native, B for Black/African American, H for Hispanic, M for Multi-Racial, N for Native Hawaiian/Pacific, O for Other (Arabic), S for Asian, or W for White

My signature indicates my willingness to promptly fulfill my financial responsibilities.

Signature _____ Date _____