Concordia Lutheran School - Farmington Hills/Redford, MI 2017 - 2018

Registration

FAMILY :	SECTION	(Circle) (Ho	w should your mail be	e addressed:	>					
Mailing name:	Mr Ms Mrs Mr and Mrs				Home church:			-		
Student	Street	· · · · · · · · · · · · · · · · · · ·			Church city:					
residence:					Pastor:					
	City, state, zip:				Denomination:					
	Phone:			Unlisted	l: 圖 From what source did	you hear about our school?				
	Email:									
PARENT	/GUARDIA	N SECTIO	N							
Last name		Suffix	First name		Relation	Marital status	Resid stude	les with		
Cell phone	one		Pager		E-mail	Status	Stude	1110.		
Employer -	lame		Address		City state zip	W	ork phone	Extension		
								: 		
Comment										
Last name		Suffix	First name		Relation	Marital status	Resid	les with nts:		
Cell phone			Pager		E-mail					
Employer -	Vame		Address		City state zip	И	ork phone	Extensio		
Comment			I		<u> </u>					
MEDIÇA	L SECTION	<u>_ · ·</u>								
	Name:	E	PoctorClinic:		Phone:	Hospital:				
Doctor:		:								
:	Address, city:									
Insurance carrier:		er:	Identification number:			Name of insured:				
ALTERN	ATE CONT	ACT SEC	TION * Indi	icate orde	er in which contacts sho	uld be notified				
Seq* Name			Relation to stu		Address	City, st	<u> </u>			
Phone	Cell p	hone	Pager	Comme	nt	<u>:</u>				
Seq* Name	<u> </u>		Relation to stu	udent(s)	Address	City, st	ate, zip			
Phone	Cell p	hone	Pager	Comme	nt					
Seq* Name	Name Relation to		Relation to sto	udent(s)	Address	City, state, zip				
Phone	Cell	phone	Pager	Comme	nt					
			: -9-1							

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STUDENT SECTION

Last name			ffix	First name	Middle name		Sex		Ethnicity*			Baptism date
Email Date		Date of bir	h Birth	city	Birth coun	ty	Birth state	Birth cou	ntry	Day care	Courier	Sept grade**
Previous school	School name				School address			S	School city, state, zip			
Allergies				Health note							Last DTaP date:	
Comment												
Last name		Si	ıffix	First name		Middle name		Sex	Sex Ethnicity*			Baptism date
Email D		Date of bir	th Birth	city Birth cod		ty	Birth state	state Birth count		Day care	Courier	Sept grade**
Previous school	School name				School address			S	School city, state, zip			
Allergies					Health note				Last DTaP date:			
Comment												
Last name		S	ıffix	First name		Middle name		Sex	Eti	hnicity*		Baptism date
Email		Date of bi	th Birtl	n city	Birth cour	nty	Birth state	Birth cou	intry	Day care	Courie	Sept grade**
Previous school	School name				School address			5	School city, state, zip			
Allergies				Health note				Last L			ТаР	
Allergies						outin noto						date:
Allergies Comment												date:
Comment * Indicate as:	P3A for 3	3 yr. pre-scl PFT for 3-4	nool mo	orning class, P3F fo	or 3 yr. pre-scho	ool full day class	, P4A for 4	yr. pre-sc	hool	morning cl		
Indicate as: school full da	y class, A for Am	PFT for 3-4 erican India	yr. old ın/Nativ	orning class, P3F fo full time classes at ve, B for Black/Afric	or 3 yr. pre-sch nd K for Kinder	ool full day class garten.					ass, P4F	for 4 yr. pre-
* Indicate as: school full da ** Indicate as:	y class, A for Am	PFT for 3-4 erican India or W for W	yr. old in/Nativ nite	full time classes ar	or 3 yr. pre-scho nd K for Kinder can American, I	ool full day class garten. H for Hispanic, M	∕l for Multi-R	acial, N fo	or Na	tive Hawaii	ass, P4F	for 4 yr. pre-