



CENTRAL LUTHERAN SCHOOL
REGISTRATION FORM 2009-10
(Complete one form per child)

****Important****

***A non-refundable registration fee must accompany this form. In addition, if this is your child's first year at CLS, a copy of the child's birth certificate and immunization record must accompany this form.**

STUDENT INFORMATION

Gender (please circle) M --- F

Grade student will enter in 2009-10 _____

Name _____ / _____ / _____
(Last) (First) (Middle)

Street _____ City _____ Zip _____

Phone _____ (For Family Directory-please circle) Do **not** publish / **OK** to publish

CHURCH STUDENT ATTENDS _____

STUDENT BIRTHDATE: _____ BAPTISM DATE: _____

Ethnic Origin ___ African American ___ Caucasian ___ Hispanic ___ Native American ___ Asian ___ Decline to Answer

CLS admits students of any race, religious preference, color, gender, national, or ethnic origin to all rights, privileges, programs, and activities generally accorded, or made available to, students at the school. CLS does not discriminate on origin in administration of its educational policies or other school administered programs.

PARENT/GUARDIAN INFORMATION

FATHER _____ HOME PHONE (if different from student) # _____

ADDRESS IF DIFFERENT FROM STUDENT _____

CELL NUMBER _____

OCCUPATION/TITLE _____ COMPANY _____

BUSINESS PHONE _____ E-MAIL ADDRESS _____

MOTHER _____ HOME PHONE (if different from student) # _____

ADDRESS IF DIFFERENT FROM STUDENT _____

CELL NUMBER _____

OCCUPATION/TITLE _____ COMPANY _____

BUSINESS PHONE _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT OTHER THAN PARENTS

NAME _____ RELATION _____ PHONE # _____

NAME _____ RELATION _____ PHONE # _____

