Zion Lutheran School 625 Church Drive, Bethalto, IL 62010

RE-REGISTRATION for 20____-20____ SCHOOL YEAR
(Only for Current Students of Zion Lutheran School)

Name of Student _____ Grade Next Year _____

Name of Student _____ Grade Next Year _____

Name of Student _____ Grade Next Year _____

Name of Student _____ Grade Next Year _____

PLEASE UPDATE PARENT INFORMATION—LEAVE UNCHANGED ITEMS BLANK

With whom does child live? ☐ Both parents ☐ Shared custody ☐ Mother ☐ Father ☐ Other-Who?_____

Father or ☐ Guardian ☐ Stepfather	Mother or ☐ Guardian ☐ Stepmother
Name	Name
Home Address	Home Address
Home Phone Cell Phone	Home Phone Cell Phone
Employer	Employer
Work Phone	Work Phone
Email Address	Email Address

PHOTO AGREEMENT

☐ I grant permission for my child to be included in any photos the school may use for school newsletters, web pages, promotions, etc.

☐ I grant permission for my child to be included as described above, except I do not want any photos placed on the Zion Lutheran School website.

☐ I do not give my consent to have photographs of my child used as stated above.

_____ _____

Parent's Printed Name Parent's Signature Date

SCHOOL DIRECTORY AGREEMENT

I grant permission for my family's name, address, and phone number to be included in the School Directory that will be given to all class members and Room Parents.

_____ _____

Parent's Printed Name Parent's Signature Date

NON-REFUNDABLE REGISTRATION FEE

I understand the registration fee is non-refundable and that the registration fee is due with this form. This will secure my child's place in their class for next school year.

_____ _____

Parent's Printed Name Parent's Signature Date