

For Office Only

Registration Amount - _____
Registration Paid - _____
Check # _____ Cash _____

Social Security Number of Child _____ Date of Application _____

I will be using the After School Care Program: On a regular basis: _____ Occasionally: _____

Zion Lutheran School

625 Church Drive

Bethalto, Illinois 62010

Application for Enrollment 2011 -2012 School Year

Name of Student _____ Goes by: _____ Sex: Male - Female Date of Birth: _____

Last First Middle (circle)

Address _____ City _____ Zip Code _____

Phone _____ Unlisted: yes: _____ no: _____ Publish: yes: _____ no: _____

Place of Birth _____ Ethnic Group White, black,
Asian, Hispanic, Multi Racial Church Affiliation _____ Date of Baptism _____
(Please circle)

Grade that child will enter for 2010-2011 school year _____ Entering for Kindergarten only: _____ Enrolling for Kindergarten through 8th Grade: _____

Family Background

Father's Name _____ Mother's Name _____ Please list any brothers or sisters
First Name Last Name First Name Last Name below with their ages.

Social Security # _____ Social Security # _____

Occupation _____ Occupation _____

Place of Employment _____ Place of Employment _____

Phone Number _____ Phone Number _____

Cellular Phone # _____ Cellular Phone # _____ E-mail Address: _____

Church Membership _____ Church Membership _____

Status of Parents or Guardians (Circle one) - Married - Divorced - Separated - Single - Foster - Step-Parent

Currently enrolled as a student at Zion _____ New student enrolling for the first time _____ Previously Attended at Zion _____