

**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 2010 -2011 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 8<sup>th</sup> 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 \_\_\_\_\_