

THE LUTHERAN SCHOOL ASSOCIATION

ENROLLMENT RECORD 2011-2012

Name of child: _____ Grade: _____

Name of parents: _____

Address: _____ Telephone: _____

Date of birth: Mo. ____ Day ____ Yr. ____ Place of birth, City & County: _____

Social Security Number: _____ Birth Certificate Number: _____

Adopted (yes or no) _____ Custodial Rights: _____

Church where Baptized: _____ City _____ State _____

Date of Baptism: Mo. ____ Day ____ Yr. ____ Denomination: _____

Sunday School: _____

Date of enrollment: Mo. ____ Day ____ Yr. ____ Transfer from: _____

Reason: _____

Father

Name: _____

Occupation: _____

Where Church member: _____

Ethnic group: _____

Marital Status: _____

Mother

Name: _____ Nee: _____

Occupation: _____

Where Church member: _____

Ethnic group: _____

Marital Status: _____

Brothers and Sisters

Name: _____

Date of birth: _____

Comments: (Pertaining to health -- special weaknesses or problems)

