

Peridot-Our Savior's Lutheran School Application Form

Please print all information and fill out completely.

IF SIBLINGS HAVE DIFFERENT PARENTS, PLEASE FILL OUT SEPARATE FORMS FOR EACH STUDENT

Birth Parents are: Married Single Separated Divorced

Student Name: Last: _____			First: _____			Middle: _____		
Date of Birth: _____			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Grade Entering: _____		
Student resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother								
<input type="checkbox"/> Other/Guardian _____ Relationship _____								
Baptized : <input type="checkbox"/> Yes <input type="checkbox"/> No			Interested in learning more about the Lutheran Church: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Student Name: Last: _____			First: _____			Middle: _____		
Date of Birth: _____			Date of Birth: _____			Date of Birth: _____		
Student resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother								
<input type="checkbox"/> Other/Guardian _____ Relationship _____								
Baptized : <input type="checkbox"/> Yes <input type="checkbox"/> No			Interested in learning more about the Lutheran Church: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Student Name: Last: _____			First: _____			Middle: _____		
Date of Birth: _____			Date of Birth: _____			Date of Birth: _____		
Student resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother								
<input type="checkbox"/> Other/Guardian _____ Relationship _____								
Baptized : <input type="checkbox"/> Yes <input type="checkbox"/> No			Interested in learning more about the Lutheran Church: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Student Name: Last: _____			First: _____			Middle: _____		
Date of Birth: _____			Date of Birth: _____			Date of Birth: _____		
Student resides with: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Stepmother								
<input type="checkbox"/> Other/Guardian _____ Relationship _____								
Baptized : <input type="checkbox"/> Yes <input type="checkbox"/> No			Interested in learning more about the Lutheran Church: <input type="checkbox"/> Yes <input type="checkbox"/> No					

If students are transferring from another school, please list the name of the school and reason for transfer.

PARENT/GUARDIAN INFORMATION

IF INFORMATION IS THE SAME FOR MORE THAN 1 PARENT/GUARDIAN, PLEASE WRITE **SAME** IN THE APPROPRIATE LINE.

First Name:					Last Name:				
Relationship to Student:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian/Other				
Mailing Address:				City:			State:	Zip Code:	
Receive Mailings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email Address:						
Directions to House:									
Primary Phone:				<input type="checkbox"/> Home	<input type="checkbox"/> Cell	Other Phone:			Home <input type="checkbox"/> Cell <input type="checkbox"/>
Employer:					Business Phone:				
Home church:					Interested in learning more about the Lutheran Church:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

First Name:					Last Name:				
Relationship to Student:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian/Other				
Mailing Address:				City:			State:	Zip Code:	
Receive Mailings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email Address:						
Directions to House:									
Primary Phone:				<input type="checkbox"/> Home	<input type="checkbox"/> Cell	Other Phone:			Home <input type="checkbox"/> Cell <input type="checkbox"/>
Employer:					Business Phone:				
Home church:					Interested in learning more about the Lutheran Church:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

First Name:					Last Name:				
Relationship to Student:	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian/Other				
Mailing Address:				City:			State:	Zip Code:	
Receive Mailings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Email Address:						
Directions to House:									
Primary Phone:				<input type="checkbox"/> Home	<input type="checkbox"/> Cell	Other Phone:			Home <input type="checkbox"/> Cell <input type="checkbox"/>
Employer:					Business Phone:				
Home church:					Interested in learning more about the Lutheran Church:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

PARENTAL/GUARDIAN AGREEMENT

I have completed the entire Application Form. Information given above is true and accurate. Enrollment for the 2022-23 school year will not be considered complete until this, and all additional registration forms, have been signed and turned in.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ Date: _____