

**Martin Luther Christian School
Enrollment Form**

School Term: _____

Student's Information

Student's Name: _____
Last First Middle Suffix
Preferred Name: _____ Title _____ Grade Level: _____
Date of Birth: _____ Gender: _____ SSN: _____
Race: _____ Blood Type: _____ Church Affiliation: _____
E-Mail Address: _____

Primary Family Information

Address Line 1: _____
Address Line 2: _____
City State ZIPCode County
Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information

Father's Name: _____
Last First Middle Suffix
Preferred Name: _____ Title: _____ E-Mail Address: _____
Mobile Phone: _____ Pager: _____
Company Name: _____ Job Title: _____
Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____
Business E-Mail: _____ Fax: _____
Church Affiliation: _____
Emergency Contact:
Allowed to pick up child:

Mother's Information

Mother's Name: _____
Last First Middle Suffix
Preferred Name: _____ Title: _____ E-Mail Address: _____
Mobile Phone: _____ Pager: _____
Company Name: _____ Job Title: _____
Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____
Business E-Mail: _____ Fax: _____
Church Affiliation: _____
Emergency Contact:
Allowed to pick up child:

Secondary Family Information

Address Line 1: _____

Address Line 2: _____

_____ City State ZIPCode County

Home Phone 1: _____ Listed Home Phone 2: _____ Listed

Father's Information

Father's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:

Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Mother's Information

Mother's Name: _____
Last First Middle Suffix

Preferred Name: _____ Title: _____ E-Mail Address: _____

Mobile Phone: _____ Pager: _____

Company Name: _____ Job Title: _____

Emergency Contact:

Allowed to pick up child:

Business Phone 1: _____ Ext. _____ Business Phone 2: _____ Ext. _____

Business E-Mail: _____ Fax: _____

Church Affiliation: _____

Emergency Information

Emergency Contacts (Emergency Contacts other than Parents)

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Contact Name: _____ Relation: _____

Home Phone: _____ Business Phone: _____ Mobile Phone: _____

Medical Contacts

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Hospital: _____ Phone Number: _____

Insurance: _____ Phone Number: _____

Policy Number: _____

Pickup Information (People Authorized to pickup children from school)

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____

Name: _____ Phone: _____ DL#: _____

Tag: _____

Notes: _____