

# WOLF RIVER LUTHERAN HIGH SCHOOL

## 2025 - 2026 Student Registration Form

### STUDENT INFORMATION: (Please use Legal Name)

Last Name	First Name	Middle Name	
Date of Birth	Gender	Birth City	Birth County
Home Address (Physical Address)	City	State	Student Cell phone number
Mailing Address if different	County of Residence	Home School District	

### Circle One:

*Hispanic or Latino OR Non-Hispanic or Latino – If Non-Hispanic or Latino is circled – please pick one of the following:*

☐ American Indian/Alaska Native ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Asian

*Is a language other than English used in your home?* ☐ Yes ☐ No *If yes, what other language?* \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Student resides with (circle one): Mother Father Mother & Father Mother/Stepfather Father/Stepmother  
Grandparent Guardian

Name of Parent Guardian #1	Relationship	Home Phone
Cell Phone	Work Phone	Email Address
Home Address (If different from above)	Place of Employment	
Name of Parent Guardian #2	Relationship	Home Phone
Cell Phone	Work Phone	Email Address
Home Address (If different from above)	Place of Employment	

### EMERGENCY CONTACT INFORMATION: In the event we are unable to contact parents/guardians, who should we call?

Name	Relationship	Home Phone	Cell Phone
Name	Relationship	Home Phone	Cell Phone
Name of School Last Attended	Grade Completed		

**PREVIOUS SCHOOL INFORMATION:**

Address City/State/Zip Phone

Reason for Leaving Last School Are there areas of concern?

Does student have an IEP/ISP? Copy Attached Does student have a 504 Plan? Copy Attached Reason?

**FAMILY INFORMATION:**

<i>Sibling Name</i>	<i>Brother/Sister</i>	<i>Age</i>	<i>School</i>	<i>Grade</i>	<i>Lives with student</i>
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**RELIGIOUS INFORMATION:**

Denomination Congregation Association Church Member?  
☐ Yes ☐ No

How would you describe your attendance at church? (check one)

☐ Weekly ☐ Twice a month ☐ Once a month ☐ Seldom/never

Parent Signature Date

**WRLHS OFFICE INFORMATION:**

<i>Grade Entering</i>	<i>School Year</i>	<i>Start Date</i>	<i>Birth State</i>	<i>Birth County</i>
<i>Verified Birth Certificate - Date</i>	<i>Initial</i>	<i>Verified Proof of Residence</i>	<i>Copy in File?</i>	<i>Immunization Record or Waiver</i>
<i>Verified Custody - Date</i>	<i>Initial</i>	<i>Type of Legal Documentation Provided</i>	<i>Copy in File?</i>	