

# WOLF RIVER LUTHERAN HIGH SCHOOL

## 2023 - 2024 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

\_\_\_\_\_  
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

**PREVIOUS SCHOOL INFORMATION:**

Name of School Last Attended \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Reason for Leaving Last School \_\_\_\_\_ Was student suspended or expelled from last school? Why? \_\_\_\_\_

Does student have an IEP? 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 \_\_\_\_\_  
 Yes  No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**WRLHS OFFICE INFORMATION:**

Grade Entering \_\_\_\_\_ School Year \_\_\_\_\_ Start Date \_\_\_\_\_ Birth State \_\_\_\_\_ Birth County \_\_\_\_\_

Verified Birth Certificate - Date \_\_\_\_\_ Initial \_\_\_\_\_ Verified Proof of Residence \_\_\_\_\_ Copy in File? \_\_\_\_\_ Immunization Record or Waiver \_\_\_\_\_

Verified Custody - Date \_\_\_\_\_ Initial \_\_\_\_\_ Type of Legal Documentation Provided \_\_\_\_\_ Copy in File? \_\_\_\_\_