

WOLF RIVER LUTHERAN HIGH SCHOOL

2024 - 2025 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 _____ **Circle** 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? _____