



United In Christ Lutheran School

10158 Hwy C - Frohna, Missouri 63748 - Telephone: 573.824.5218

*EDUCATE, EQUIP & EMPOWER
Students for Life*



Registration- Enrollment Form

Student's Name: _____ Birthdate: _____

Enrollment Date: _____ Enrollment Grade: _____

Parent/Guardian #1 (where the student resides): _____

Relationship: _____

Home Address: _____

Mailing Address (if different): _____

Church: _____ Occupation: _____

Cel Phone: _____ Work Phone: _____

Any other phone #: _____

Phone Service Provider: _____

Email Address: _____

Parent/Guardian #2 _____

Relationship: _____

Address and home phone is the same as parent/guardian #1

Home Address (if different): _____

Mailing Address (if different): _____

Church: _____ Occupation: _____

Cel Phone: _____ Work Phone: _____

Any other phone #: _____

Phone Service Provider: _____

Email Address: _____

Emergency Contacts: _____

Student Information:

Baptism Date: _____ Baptism Church: _____

Public School District: _____ Religion: _____

Race: _____ Ethnicity: Hispanic / Non-Hispanic (circle one)

Birth City: _____ Birth State: _____

Food Allergies: _____

Medical Allergies & Conditions: _____

Brothers and Sisters

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Schools where student previously attended:

Grade	School and Location
_____	_____
_____	_____

Doctor to be notified in case of Emergency: _____ Telephone: _____

Dentist to be notified in case of Emergency: _____ Telephone: _____

Health Insurance Company: _____ Policy Number: _____

List all Health Information (not previously listed). Please list all medications, allergies, contact lenses, constant or recurring problems of which the Teacher and Principal must be aware.

Parent Signature: _____ Date: _____

In addition to this form, please provide the following information:

- **Immunization Records**
- **A copy of the student's birth certificate**