# 2019-2020 RETURNING Student Enrollment Information

Date _____

**Child's Information:**

**Level:** PK2/3 PK3 VPK4 Kindergarten 1st 2nd 3rd 4th 5th

Student's Name _____ Preferred Name_____
First Middle Last

Address_____ City _____

State/Zip_____ Home Phone _____ E-mail_____

Birth Date _____ Place of Birth_____

Race/Ethnicity: Caucasian Hispanic African-American Asian Native American Pacific Islander
Other_____

**Parent Information:**

Custodial Parent: Mother Father Joint Legal Guardian_____

Parent's Marital Status: M S W D If divorced, does non-custodial parent receive school correspondence? Y N

Father's Name _____ Mother's Name _____

Address_____ Address_____

Home Phone_____ Home Phone_____

Occupation_____ Occupation_____

Employer_____ Employer_____

Work Phone:_____ Work Phone_____

Cell Phone_____ Cell Phone_____

E-mail_____ E-mail_____

**Baptism:**

Is the child baptized? Y N Date_____

Place of Baptism: _____
Church and/or Denomination Address/City/Zip

**Religious Preference:**

Father_____ Mother_____

Church Home: _____
Church and/or Denomination Address/City/Zip

Please check if you are interested in any of the following:

_____ I would like a call from the Pastor.

_____ I desire to learn more about the Lutheran faith.

_____ I would like to have my child baptized.

_____ I wish to transfer my Lutheran membership to HTLC.