



Christ-St. John's Lutheran School

500 Park Street, West Salem, WI 54669

Phone: 608-786-1250 | Fax: 1-844-432-9863 | www.christstjohns.org

(Please check) 3K _____ 4K _____ K-8th Grade _____ (please indicate grade level) _____

Student's Full Name

Last	First	Middle	Baptism Date	Birth Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Address

Street	City	State	Zip
_____	_____	_____	_____

Previous School Attended

Name	Grades	Year
_____	_____	_____

Father/Guardian

Name		Church Affiliation
Address		City State Zip
Employer		Work Phone Number
Home Phone Number	Cell Number	Email

Mother/Guardian

Name		Church Affiliation
Address		City State Zip
Employer		Work Phone Number
Home Phone Number	Cell Number	Email

(Please turn over and complete reverse side)

Check One: () We are not currently attending any church.

() We are currently attending another church. _____
(Please specify church name)

Emergency Contacts

Name	Relation	Phone Number
Name	Relation	Phone Number

Please List any Health Conditions including Prescribed Medications and Amounts Taken _____

Family Physician/Clinic _____ Phone Number _____

Hospital Preference _____

Family Dentist/Clinic _____ Phone Number _____

Additional Information regarding your child _____

In case of an accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize Christ-St. John's Lutheran School to make emergency care decisions for my child in his/her best interest.

Signature Parent/Guardian _____ Date _____