

# 2022-2023 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.