



St. Paul's Lutheran School
 1626 E. Broadway Ave.
 Enid, Oklahoma 73701
 (580) 234-6646 Fax: (580) 234-6692
SCHOOL REGISTRATION FORM
 School Year: 2022-2023
Student Information



| | | | |
|-----------------------|--------------------------|---------------------------|-------------------------------------|
| Name: | <small>Last Name</small> | <small>First name</small> | <small>Middle Name</small> |
| Preferred Name: | | | |
| Date of Birth: | | City of Birth: | |
| Grade Entering: | | Age: | Select Gender: Male Female |
| Select if Applicable: | NONE | Before Care | After Care Both Before & After Care |

Parent Information (Father or 1st Guardian)

| | | | |
|--|--------------------------|---------------------------|----------------------------|
| Father/Guardian Name: | <small>Last Name</small> | <small>First name</small> | <small>Middle Name</small> |
| Address: | | | |
| Home Phone: | | Cell Phone: | |
| Employer: | | Work Phone: | |
| E-Mail Address: | | | |
| Receive School Updates through E-Mail: | Yes or No (Select one) | | |
| Home Church: | | | |

Parent Information (Mother or 2nd Guardian)

| | | | |
|--|--------------------------|---------------------------|----------------------------|
| Mother/Guardian Name: | <small>Last Name</small> | <small>First name</small> | <small>Middle Name</small> |
| Address: | | | |
| Home Phone: | | Cell Phone: | |
| Employer: | | Work Phone: | |
| E-Mail Address: | | | |
| Receive School Updates through E-Mail: | Yes or No (Select one) | | |
| Home Church: | | | |

Guardianship or Custody (Please provide guardian or custody papers when applicable)

| | | | | | |
|---|--------------|--------------------------|--------|-------------|--------|
| Child Lives With: | Both Parents | Father | Mother | Step Parent | other: |
| Who has legal custody: | | | | | |
| Are there any other adults living in the home? | Yes or No | If yes, please describe: | | | |
| Does someone other than parents have a significant role in child rearing? | | | | | |
| Is another language, other than English, spoken in the home? | Yes or No | If yes: | | | |

**School Registration Form
School Year: 2022-2023**

| Name of Brothers & Sisters | Date of Birth | School Now Attending | Baptized |
|----------------------------|---------------|----------------------|-----------|
| | | | Yes or No |
| | | | Yes or No |
| | | | Yes or No |
| | | | Yes or No |

| | | | | | | | |
|--|-----------|------------------------|--|---------------|---------------|--|--|
| Reason for transfer to St. Paul's: | | | | | | | |
| Baptized: | Yes or No | Church where baptized: | | | City/State: | | |
| Baptizing Pastor: | | | | Denomination: | | | |
| Attends Sunday School: | Yes or No | Church: | | | Denomination: | | |
| Is there anything else you would like to share about your child, that you feel will help us work with them? | | | | | | | |
| | | | | | | | |
| Have there been any recent changes within your family which could have an impact on your child's adjustment to school? | | | | | | | |
| | | | | | | | |
| What three words best describes your child: | | | | | | | |

Pre-Kindergarten Only: Is your child toilet trained? Yes or No

I will commit myself to wholehearted, positive cooperation with my child's teacher, that my child might receive the best education possible. I will encourage obedience to rules of the school. I understand the standards of St. Paul's Lutheran School do not tolerate profanity, obscenity in word or action, dishonor to God or the Word of God, nor disrespect to the personnel or students of the school. If my child is not able to comply with the standards of the school after reasonable efforts have been made either through academic adjustment or disciplinary action, I agree to withdraw my child from school. I have read this application and understand the purposes and objectives of St. Paul's Lutheran School. I will be punctual in my financial obligations to the school.

Father / Guardian signature: _____ Date: _____

Agree to the above information, paste signature here or After printing sign here return to office.

Mother / Guardian signature: _____ Date: _____

Agree to the above information, paste signature here or After printing sign here return to office.

Please Select XS (4/5) Small (6/7) Medium (8) Large (10-12)
T-Shirt Size: Adult Small Adult Medium Adult Large

OFFICE USE ONLY:

Date Received: _____ Grade Entering: _____ Age (as of Sept 1): _____

Live Birth Certificate Verified: Yes No Health Records: Yes No

\$100.00 Deposit Made: Yes No Check# _____ Cash Mo Date: _____

Registration Fee Paid: Yes No Check# _____ Cash Mo Date: _____

25% Emp. Discount 50% Emp. Discount 2nd Child 20% Member Non Member

Signature of Person Verifying Information _____