

STUDENT ENROLLMENT FORM

St. Paul's Lutheran Church & School

1626 E Broadway Ave.

Enid, Oklahoma 73701

school@stpaulsenid.com

P: 580.234.6646 F: 580.234.6692



Student Information

Personal Information

Student ID Number	<input type="text"/>	OFFICE USE ONLY	Date:	<input type="text"/>			
First Name:	<input type="text"/>	Middle:	<input type="text"/>	Last:	<input type="text"/>		
Suffix:	<input type="text"/>	Date of Birth:	<input type="text"/>	Gender:	<input type="text"/>	Ethnicity:	<input type="text"/>
Church Attends:	<input type="text"/>	Grade Level:	<input type="text"/>				

Specialized Label:	<input type="checkbox"/> 1 – Drama Club	<input type="checkbox"/> 2 – Before Care	<input type="checkbox"/> 3 – After Care
	<input type="checkbox"/> 4 – G.A.T.E.	<input type="checkbox"/> 5 – Science Club	<input type="checkbox"/> 6 – Math Club
	<input type="checkbox"/> 7 – Cross County	<input type="checkbox"/> 8 – Robotics Club	<input type="checkbox"/> 9 – Photography Club

Scholarship:	<input type="checkbox"/> 1 – Parent Choice Tax Credit	<input type="checkbox"/> 2 - Sponsorship Recipient	OFFICE USE ONLY
	<input type="checkbox"/> 3 – LNHS Recipient	<input type="checkbox"/> 4 – Hardship Recipient	

Student Status:	<input type="text"/>	Diploma Type: GENERAL	OFFICE USE ONLY		
Enrollment Date:	<input type="text"/>	Withdrawal Date:	<input type="text"/>	Graduation Date:	<input type="text"/>

Login Information

Email:	<input type="text"/>	@stpaulsenid.com	Password: Stpauls01
	<i>students first name and last name initial</i>		OFFICE USE ONLY

Address Information

Address:	<input type="text"/>	City:	<input type="text"/>		
County:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>

STUDENT ENROLLMENT FORM

Student Information

Medical Conditions: *(Attach multiple forms if needed)*

Medical Illness:

Description/Note:

Medical Illness:

Description/Note:

Medical Illness:

Description/Note:

Immunization Records must be submitted to office with this enrollment form

OFFICE USE ONLY – SUBMITTED

Birth Certificate (copy excepted) must be submitted with this enrollment form

OFFICE USE ONLY – SUBMITTED

Medications:

Type:

Prescription/Medicine Name:

Medication Instructions:

Type:

Prescription/Medicine Name:

Medication Instructions:

Type:

Prescription/Medicine Name:

Medication Instructions:

Allergies:

Allergy Name:

Allergy Description/Note:

Allergy Name:

Allergy Description/Note:

Allergy Name:

Allergy Description/Note:

STUDENT ENROLLMENT FORM

Student Information

Primary Care Physician:

Name: Phone:

Address: City: State: Zip:

Dentist:

Name: Phone:

Address: City: State: Zip:

Emergency Contacts:

First Name: Last Name: Phone 1:

Phone 2: Relationship to Student: Add to approved check-out list

First Name: Last Name: Phone 1:

Phone 2: Relationship to Student: Add to approved check-out list

First Name: Last Name: Phone 1:

Phone 2: Relationship to Student: Add to approved check-out list

First Name: Last Name: Phone 1:

Phone 2: Relationship to Student: Add to approved check-out list

Approved Check-Out List:

First Name: Last Name:

First Name: Last Name:

First Name: Last Name:

First Name: Last Name:

First Name: Last Name:

First Name: Last Name:

Photo ID on File:

Photo ID on File:

Photo ID on File:

Photo ID on File:

Photo ID on File:

Photo ID on File:

OFFICE USE ONLY

STUDENT ENROLLMENT FORM

Parent/Guardian Information

Personal Information Parent/Guardian #1

First Name: Last Name:

Home Phone Number: Mobile: Work:

Primary email address:

Address Info:

Address: City:

State: Zip:

Work Info:

Vocation:

Employer Name:

Address: City:

State: Zip:

Relationship to Student: Lives with student: Check-Out Student:

Personal Information Parent/Guardian #2

First Name: Last Name:

Home Phone Number: Mobile: Work:

Primary email address:

Address Info:

Address: City:

State: Zip:

Work Info:

Vocation:

Employer Name:

Address: City:

State: Zip:

Relationship to Student: Lives with student: Check-Out Student: