



6023 South 27th Street
 Greenfield, WI 53221
 (414) 282-7500

www.ourfatherslutheran.org

ENROLLMENT APPLICATION 2017-2018

(STUDENT #1) NAME: _____		GENDER: M F (CIRCLE ONE)
BIRTHDATE: _____	BAPTISM DATE: _____	GRADE: _____
RACE: AFRICAN AMERICAN ___	AMERICAN INDIAN ___	CAUCASIAN ___
		HISPANIC ___
OTHER ___		

(STUDENT #2) NAME: _____		GENDER: M F (CIRCLE ONE)
BIRTHDATE: _____	BAPTISM DATE: _____	GRADE: _____
RACE: AFRICAN AMERICAN ___	AMERICAN INDIAN ___	CAUCASIAN ___
		HISPANIC ___
OTHER ___		

(STUDENT #3) NAME: _____		GENDER: M F (CIRCLE ONE)
BIRTHDATE: _____	BAPTISM DATE: _____	GRADE: _____
RACE: AFRICAN AMERICAN ___	AMERICAN INDIAN ___	CAUCASIAN ___
		HISPANIC ___
OTHER ___		

(STUDENT #4) NAME: : _____		GENDER: M F (CIRCLE ONE)
BIRTHDATE: _____	BAPTISM DATE: _____	GRADE: _____
RACE: AFRICAN AMERICAN ___	AMERICAN INDIAN ___	CAUCASIAN ___
		HISPANIC ___
OTHER ___		

PARENTS' MARITAL STATUS (CIRCLE ONE): Married Divorced Separated Single Widowed
 STUDENT(S) LIVE WITH (CIRCLE ONE): Father Mother Both

Application continued on the reverse side

PRIMARY ADDRESS:

Address: _____

City State Zip Code Home Phone

FATHER'S INFORMATION: Include in Our Father's Family Directory? Address: Yes___ No___ Home Phone: Yes___ No___

NAME: _____ Email Address: _____

Mailing Address (if not primary): _____

Home Phone (if not primary): _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Member of Our Father's? Yes ___ No ___ If no, Church and Denomination _____

MOTHER'S INFORMATION: Include in Our Father's Family Directory? Address: Yes___ No___ Home Phone: Yes___ No___

NAME: _____ Email Address: _____

Mailing Address (if not primary): _____

Home Phone (if not primary): _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Member of Our Father's? Yes ___ No ___ If no, Church and Denomination _____

EMAIL ADDRESSES:

Please provide your email address. You will receive the weekly newsletter and other updates electronically.

Mother's Email Address Father's Email Address

____ Check here if you are unable to receive email and need printed copies of the newsletter and updates.

DAY CARE NEEDS: Before School 6:00-8:00a.m. _____ After School 3:30-6:00p.m. _____

NEW STUDENTS ONLY: Name of last school attended: _____

Address: _____ Phone: _____

PHOTO AGREEMENT: I grant permission for my child(ren) to be included in any photos the school may use for the newsletter, yearbooks, promotions, school website, etc. for the 2017-2018 school year.

Yes ___ No ___ _____ Date: _____

Parent's Signature

OFFICE USE ONLY: DATE: _____ TIME: _____ CHECK: _____ AMOUNT: _____