

Bethlehem Lutheran School
2020-2021
Enrollment Form

STUDENT FULL NAME: _____
(Last) (First) (Middle Initial)

PHYSICAL ADDRESS: _____

MALE **FEMALE** **BIRTH DATE:** _____
M D YR **GRADE ENTERING** _____

HOME CHURCH: _____ **(Baptized: Y N)**

PARENT's / GUARDIAN NAME _____

Parents are: **Single** **Married**
Separated
Divorced **Custodial Parent** _____

PARENT CONTACT INFO: (contact information will be published in a school directory)

(Mother) Home: _____ **Work:** _____ **Cell:** _____

(Father) Home: _____ **Work:** _____ **Cell:** _____

Email Address(es): _____
(school notes and announcements will be sent to this address)

EMERGENCY CONTACTS: (Please list name, phone/cell number and relationship)

1. _____

2. _____

3. _____

TRANSPORTATION: _____ **Student will be using Norwell Wells Community School Bus System**
(will need to be in contact with previous bus driver or with the
Northern Wells Office at 622-4125.)
_____ **Parent or Guardian will be transporting.**
(please let the teacher know of any changes)