**2022-2023 High School Registration Form**

Student Name:

Birth Date:

Parent’s Names:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:

Parent E-mail Address:

Student E-mail Address:

Phone Number(s):

What School do you attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School:

Have you participated in Hope’s Sunday School/Catechism Program previously? Yes \_\_\_ No \_\_\_

Number of years of membership at Hope Lutheran: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any medical or learning challenges you want to make us aware of so we can help your student learn more effectively?

Do you have a family situation that will keep your student from regular attendance?