

## 2023-2024 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?