

For Office Only	
Registration Amount - _____	
Registration Paid - _____	
Check # _____	Cash _____

Social Security Number of Child _____ Date of Application _____

Zion Lutheran School

625 Church Drive

Bethalto, Illinois 62010

Application for Enrollment 2018 -2019 School Year for
Kindergarten thru 8th Grade

Name of Student _____ Goes by: _____ Sex: Male - Female Date of Birth: _____
Last First Middle (circle)

Address _____ City _____ Zip Code _____

Phone _____ Unlisted: yes: _____ no: _____ Publish: yes: _____ no: _____

Place of Birth _____ Ethnic Group White, black, Asian, Hispanic, Multi Racial Church Affiliation _____ Date of Baptism _____
 (Please circle)

Grade that child will enter for 2018-2019 school year _____ Entering for Kindergarten only: _____ Enrolling for Kindergarten through 8th Grade: _____

Family Background

Father's Name _____	Mother's Name _____	Please list any brothers or sisters below with their ages.
<small>First Name</small> <small>Last Name</small>	<small>First Name</small> <small>Last Name</small>	
Social Security # _____	Social Security # _____	_____
Occupation _____	Occupation _____	_____
Place of Employment _____	Place of Employment _____	_____
Phone Number _____	Phone Number _____	_____
Cellular Phone # _____	Cellular Phone # _____	
E-mail Address _____	E-mail Address _____	
Church Membership _____	Church Membership _____	

Status of Parents or Guardians (Circle one) - Married - Divorced - Separated - Single - Foster - Step-Parent