ST. STEPHENS
LUTHERAN CHURCH AND SCHOOL

OFFICE USE Date: _____/_____/_____Amount Paid: _____Check #_____ Credit Debit Cash

STUDENT INFORMATION

_____ _____ _____ _____
Student's Last Name | Student's Full First Name | Middle Name/Initial | Nickname (goes by)

Sex: ☐ M ☐ F Birthday: _____/_____/_____ How old will child be next September 1? _____
Month Day Year

Entering Grade: Pre3 Pre4 T-K (Plan A: 7:00-12:00), (Plan B: 7:00-3:00), (Plan C: 7:00-6:00)
(circle one) K 1 2 3 4 5 6 7 8

_____
Home/Mailing Address

_____ ___ _____
City State Zip

_____
Home Phone

_____
Best Contact Email

_____ _____
Church Membership Baptism Date

ETHNICITY
□ White/Non-Hispanic □ Asian or Pacific Islander
□ Black/Non-Hispanic □ American Indian/Alaskan
□ Hispanic □ Multiracial

STUDENT LIVES WITH (at primary residence)
□ Father □ Mother
□ Step-Father □ Step-Mother
□ Grandfather □ Grandmother
□ Foster Parent □ Guardian
□ Other: _____

RELIGION
□ Lutheran (LCMS) □ Christian
□ Other Lutheran □ Methodist
□ Baptist □ Non-denominational
□ Catholic □ Other: _____
□ None

□ **LENOIR RHYNE UNIVERSITY FACULTY OR STAFF**

SPECIAL EDUCATION SERVICES
Check if student has experienced or been enrolled in:
□ IEP, PEP, or 504 Plan
□ Title I: Reading or Math
□ Speech or Language
□ Retention (Grade ____)
□ Attention Deficit (Hyperactivity) Disorder (ADD)
□ Behavior or Emotional Disability
□ Other Education or Health Concerns (attach note)

PREVIOUS SCHOOL ENROLLMENT (if applicable)

Preschool _____
City & State _____
Elem School _____
City & State _____
Middle School _____
City & State _____

PUBLIC SCHOOL ATTENDANCE AREA
Please list the respective public school the above student would attend based on the primary residence:

☐ Hickory City Schools
☐ Catawba County Schools
☐ Newton-Conover Schools
☐ Other _____

_____ _____
Elementary School Middle School

FATHER

☐ Same address as student

Address

City State Zip

Employer/Occupation

Cell Phone Business Phone

Email

Church Membership (Church Name) City

MOTHER

☐ Same address as student

Address

City State Zip

Employer/Occupation

Cell Phone Business Phone

Email

Church Membership (Church Name) City

HEALTH & EMERGENCY INFORMATION

Name of Emergency Contact (other than parent)

Relationship to student: _____

Address

City State Zip

Home Phone Cell Phone

Email

Doctor/Health Clinic

Doctor/Clinic Phone

HEALTH INFORMATION

Please list any health problems which could affect your child's learning:

Allergies:

OTHER INFORMATION

Will child need extended care? ☐ Yes ☐ Morning ☐ Afternoon ☐ No

Are you interested in our summer program? ☐ Yes ☐ No

ENROLLMENT CERTIFICATION

I hereby certify that the above student information and household information is true and complete.

Parent / Guardian Signature Date