

St. Peter's Lutheran School

325 Randolph Street, Mishicot, WI 54228-9550

(920)755-3857 www.mishicot-stpeter.org

Student's name: _____ Male _____ Female _____
(Last) (First) (Middle)

Address: _____ City _____ Zip Code _____

Home Phone: _____ Date of Birth: _____ Home Church _____

E-Mail address _____ Synod/Affiliation: _____

you check regularly _____ Pastor: _____

Public School District: _____

Last School Attended: _____

Circle grade for which applying:

3K 4K 5K 1 2 3 4 5 6 7 8

Father's Name: _____ Occupation: _____

Church Affiliation: _____ Place of Employment: _____

Mother's Name: _____ Occupation: _____

Church Affiliation: _____ Place of Employment: _____

Parents' Marital Status: Married _____ Divorced _____ Separated _____ Remarried _____ Widow(er) _____

Name(s) and Age(s) of Siblings: _____

If student is not living with parents, complete the information below as legal guardian:

Name: _____ Relationship: _____

Occupation: _____ Place of Employment: _____

Church Affiliation: _____

Signature of Parent or Guardian: _____ Date: _____

(Please use reverse side for special information our staff needs to know about your child.)