KINDERGARTEN PRE-REGISTRATION FORM

ST. PAUL'S LUTHERAN SCHOOL
NEW ULM
2008-2009

General Child Information

Child's Name _____
First Last

Address _____
Street/Box/Apt. City State

Date of Birth _____/_____ /_____
Mo. Day Year

Place of Birth _____
City State

Date of Baptism _____/_____/_____
Mo. Day Year

General Parent Information

Father's Name _____
First Last

Address *(if different from above)*_____
Street/Box/Apt. City State

Mother's Name _____
First Last Nee

Address *(if different from above)*_____
Street/Box/Apt. City State

Telephone (____)_____

Emergency Phone Number (____)_____

E-mail address _____

Church Membership (Circle)

Father	St. Paul's	St. John's	Other	Undeclared
Mother	St. Paul's	St. John's	Other	Undeclared

Rural Residents (Needed by New Ulm Bus Lines if you will be using the bus)

County_____ Section_____ Part of Section _____
Legal Description

Approximate distance from the school - _____miles