



KINDERGARTEN REGISTRATION FORM

ST. PAUL'S LUTHERAN SCHOOL

NEW ULM

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 (____) _____

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