



1780 Career Center Road Bourbonnais, IL 60914

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**2019-2020 SCHOOL YEAR REGISTRATION FORM**

**KINDERGARTEN-8TH**

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering 2019-20: \_\_\_\_\_

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Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade Entering 2019-20: \_\_\_\_\_

**\*\*Kindergarteners must have been born before 9/1/2014\*\***

Enrolling a preschooler \_\_\_\_\_  
(check if applies)

Primary Contact Name/Relationship: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Other Parent Name/Relationship: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

(Y) or (N) Members of St. Paul's Lutheran Church If no, do you attend another church?  
Which one: \_\_\_\_\_

What do you expect from St. Paul's Lutheran School: \_\_\_\_\_

If your child is a new student, where are they transferring from: \_\_\_\_\_

Through what grade level (1-8) do you intend to keep your child enrolled: \_\_\_\_\_

Were you referred to us by a family? If yes, please list name \_\_\_\_\_

Non-Refundable Registration Fee Amount Paid\$ \_\_\_\_\_ Date Pd: \_\_\_\_\_

Received By (initials) \_\_\_\_\_

\_\_\_\_\_  
Primary Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Parent Signature

\_\_\_\_\_  
Date