



1780 Career Center Road Bourbonnais, IL 60914

Phone 815.932.0312 Fax 815.932.7588 www.stpaulslutheran.net

2019-2020 SCHOOL YEAR REGISTRATION FORM

KINDERGARTEN-8TH

Student Name: _____ Birth Date: _____ Grade Entering 2018-19: _____

Student Name: _____ Birth Date: _____ Grade Entering 2018-19: _____

Student Name: _____ Birth Date: _____ Grade Entering 2018-19: _____

Student Name: _____ Birth Date: _____ Grade Entering 2018-19: _____

****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