



St. Michael Lutheran School

7211 Oakland Drive Portage, MI 49024
Office: (269) 327-0512 Fax: (269) 327-3148
Christ for Kids (269) 327-4889



| | |
|-----------------------|---------------------|
| <u>For Office Use</u> | |
| Last Name: _____ | |
| ____ Info Card | Health Info: |
| ____ Photo | ____ Good Health |
| ____ Directory | ____ Health Ap. |
| ____ Handbook | ____ (Date of) |
| ____ Birth Cert. | ____ Hearing (K) |
| ____ Reg. Fee | ____ Vision (K) |
| ____ Excel in Giving | |

2012-2013 Registration

Parent Information:

| | | | | | |
|---------------------------------|--------------------------------------|-----------------------------------|---------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Step-Father | <input type="checkbox"/> Guardian | <input type="checkbox"/> Mother | <input type="checkbox"/> Step-Mother | <input type="checkbox"/> Guardian |
| Name: _____ | | Title: _____ | Name: _____ | | Title: _____ |
| Address: _____ | | | Address: _____ | | |
| City/Zip: _____ | | | City/Zip: _____ | | |
| Home Phone: _____ | | | Home Phone: _____ | | |
| Email _____ | | | Email _____ | | |

With whom does child live? Both Parents Shared custody Mother Father Other - Who? _____
Without a court-ordered custody agreement, child(ren) may be released to either parent at any time.

Student Information:

Name of Student _____ DOB _____ M F Grade _____ T-Shirt Size _____

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Names and ages of other children in family:

Name of school district in which student(s) resides: _____

Name of school student previously attended (grades Kindergarten or higher): _____

Any learning, health or physical disabilities that should be known? (Please include any allergies or medical conditions) _____

Name of church currently attending: _____

Has the child(ren) been Baptized? _____

PLEASE COMPLETE REVERSE SIDE

