

Date _____

St. Stephen Lutheran 3K Registration Form

Return this form by April 20, 2018

Biographical Data:

Pupil's Name _____
Last First Middle

Adopted Yes ___ No ___

Address _____ Phone _____

City/State/Zip _____

Date of birth _____
month day year

Place of birth _____
city and state

Date of baptism _____
month day year

Sex (please circle) male female

Church where baptized _____
name city state synod

Prior Preschool attendance _____
school name city state

Reason for leaving prior Preschool _____

Is your child enrolled in a special education class or program? (please circle) Yes No
Is yes, explain _____

(please circle one)
Father
Natural Adopted Stepfather

(please circle one)
Mother
Natural Adopted Stepmother

Name: _____
Email: _____
Occupation: _____
Employer: _____
Church member at _____
Ethnic Group _____
Marital Status _____

Name: _____
Maiden Name _____
Email: _____
Occupation: _____
Employer: _____
Church member at _____
Ethnic Group _____
Marital Status _____

Siblings (name and date of birth)

Date _____

St. Stephen Lutheran 4K Registration Form

Return this form by April 20, 2018

Biographical Data:

Pupil's Name _____
Last First Middle

Adopted Yes ___ No ___

Address _____ Phone _____

City/State/Zip _____

Date of birth _____
month day year

Place of birth _____
city and state

Date of baptism _____
month day year

Sex (please circle) male female

Church where baptized _____
name city state synod

Prior Preschool attendance _____
school name city state

Reason for leaving prior Preschool _____

Is your child enrolled in a special education class or program? (please circle) Yes No
Is yes, explain _____

Will your child ride the school bus to school? (please circle) Yes No
If yes, please give the road name: _____ and fire # _____

(please circle one)
Father
Natural Adopted Stepfather
Name: _____
Email: _____
Occupation: _____
Employer: _____
Church member at _____
Ethnic Group _____
Marital Status _____

(please circle one)
Mother
Natural Adopted Stepmother
Name: _____
Maiden Name _____
Email: _____
Occupation: _____
Employer: _____
Church member at _____
Ethnic Group _____
Marital Status _____

Siblings (name and date of birth)

Date _____

St. Stephen Lutheran Kindergarten Registration Form

Return this form by April 20, 2018

Biographical Data:

Pupil's Name _____
Last First Middle

Adopted Yes ___ No ___

Address _____ Phone _____

City/State/Zip _____

Date of birth _____
month day year

Place of birth _____
city and state

Date of baptism _____
month day year

Sex (please circle) male female

Church where baptized _____
name city state synod

Prior Preschool attendance _____
school name city state

Is your child enrolled in a special education class or program? (please circle) Yes No
Is yes, explain _____

Will your child ride the school bus to school? (please circle) Yes No
If yes, please give the road name: _____ and fire # _____

(please circle one) **Father**
Natural Adopted Stepfather

Name: _____
Email: _____
Occupation: _____
Employer: _____
Church member at _____
Ethnic Group _____
Marital Status _____

(please circle one) **Mother**
Natural Adopted Stepmother

Name: _____
Maiden Name _____
Email: _____
Occupation: _____
Employer: _____
Church member at _____
Ethnic Group _____
Marital Status _____

Siblings (name and date of birth)

ST. STEPHEN REGISTRATION FOR RETURNING STUDENT

2018 – 2019

Please Return to School by April 20, 2018

Student's Name: _____ Birth date: _____
Last First Middle

Address: _____ Phone: _____
(street)

(city, zip)

Grade pupil expects to enter this coming fall: _____

FATHER natural adopted step-father

MOTHER natural adopted step-mother

Name: _____

Name: _____

Maiden Name: _____

Address if different from above: _____

Address if different from above: _____

Occupation: _____

Occupation: _____

E-mail: _____

E-mail: _____

Church member at: _____

Church member at: _____

Circle present marital status: single married separated divorced

Will your child be riding the bus to or from school? _____

IMMUNIZATION UPDATES

Please provide us with any immunization updates that have occurred in the last year. We have listed the amount of immunizations, according to the State, needed for entry into school for the 2016-2017 academic year. **NOTE:** 2 Varicella (chickenpox) vaccines are required for children entering **Kindergarten and Grade 6** in the 2016-2017 school year **unless** they have already had the disease. If there are any questions, please contact the office or the county health department. Thank you.

Age/Grade	Number of Doses				
Grade PreK3/4K (2 years through 4 years)	4 DTP/DtaP/DT ²	3 Polio	1MMR ⁵	3 Hep B	1Var ⁶
Grade K-5	4 DTP/DtaP/DT/Td ¹	4 Polio ⁴	2MMR ⁵	3 Hep B	2Var ⁶
Grade 6-12 1 Tdap³	4 DTP/DtaP/DT/Td ²	4 Polio ⁴	2MMR ⁵	3 Hep B	2Var⁶

¹DTP/DTaP/DT vaccine for children entering **Kindergarten**: Your child must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th) to be compliant. (Note: a dose 4 days or less before the 4th birthday is also acceptable.)

²DTP/DTaP/DT/Td vaccine for students entering **grades 1 through 8**: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable.) A dose of Tdap vaccine is not required but is acceptable to meet this requirement.

³For students entering 6th grade Tdap means tetanus, diphtheria and acellular pertussis vaccine, recommended for adolescents. *If your child received a dose of tetanus or diphtheria containing vaccine such as Td within the past 5 years, Tdap is not required*

⁴Polio vaccine for students entering **grades K through 12**: Four doses are required. If your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable.)

⁵MMR vaccine for all students: The first dose must have been received on or after the first birthday. (Note: a dose 4 days or less before the 1st birthday is also acceptable.)

⁶Var means **Varicella (chickenpox) vaccine**. A history of Chickenpox disease history is also acceptable.
 Students 13 years of age or older without a prior history of chickenpox disease or a prior history of varicella vaccine before 13 years of age require 2 doses of varicella vaccine.

St. Stephen Lutheran School Registration Form - New Student

Grade Student Is Enrolling In: _____

Referred By : _____

Date: _____

Biographical Data:

Pupil's Name _____
Last First Middle

Adopted Yes ___ No ___

Address _____ Phone _____

City/State _____

Date of birth _____
month day year

Place of birth _____
city and state

Date of baptism _____
month day year

Sex (please circle) male female

Church where baptized _____
name city state synod

School transferring from _____
school name

Address

Has your child ever been expelled or suspended from school? _____

If yes, explain _____

Is your child enrolled in a special education class or program? _____

If yes, explain _____

Will your child be riding the bus to or from school? _____

Father

(please circle one)

Natural Adopted Step-father

Mother

(please circle one)

Natural Adopted Step-father

Name: _____

Employer: _____

Occupation: _____

E-mail: _____

Church member at _____

Ethnic Group _____

Marital Status _____

Name: _____

Maiden Name: _____

Employer: _____

Occupation: _____

E-mail: _____

Church member at _____

Ethnic Group _____

Marital Status _____

Siblings (name and date of birth)
