

ST. PAUL'S LUTHERAN SCHOOL
930 Prairie Lane Beatrice, NE 68310 (402) 223-3414
school.stpaulbeatrice.org
APPLICATION GRADES K-5

CHILD'S FULL NAME: _____ **NICKNAME:** _____

GRADE: _____ **SEX:** _____ **DATE OF BIRTH:** _____ **CITY OF BIRTH:** _____

DATE OF BAPTISM: _____ **CHURCH OF BAPTISM:** _____

SUNDAY SCHOOL CHURCH: _____ **ADOPTED (YES/NO):** _____

SCHOOLS PREVIOUSLY ATTENDED:

GRADE	SCHOOL AND LOCATION
_____	_____
_____	_____

WHY DO YOU WISH TO SEND YOUR CHILD TO ST. PAUL'S LUTHERAN SCHOOL? _____

BROTHERS/SISTERS:	NAME	DATE OF BIRTH
	_____	_____
	_____	_____
	_____	_____

FATHER'S NAME: _____ **CELL #:** _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

NAME OF BUSINESS: _____ **WORK #:** _____

OCCUPATION: _____ **NAME OF CHURCH:** _____

MOTHER'S NAME: _____ **CELL #:** _____

EMAIL ADDRESS: _____

HOME ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

NAME OF BUSINESS: _____ **WORK #:** _____

OCCUPATION: _____ **NAME OF CHURCH:** _____

PARENTS' MARITAL STATUS: _____ **IF DIVORCED, WHO IS THE CUSTODIAL PARENT?** _____

EMERGENCY CONTACTS:

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

NAME: _____ **RELATIONSHIP:** _____ **PHONE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____

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