New Family
REGISTRATION OF INTENT TO ATTEND
2010 – 2011

SALEM LUTHERAN SCHOOL
14940 62nd Street North
Stillwater, MN 55082
651-439-7831/877-439-7831

A non-refundable $50.00 deposit should accompany this form.

Today's Date_____

PARENT'S NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

PHONE NUMBER_____

PARENT'S SIGNATURE_____

Please complete for each new student planning to attend:

NAME_____
first middle last

DATE OF BIRTH_____

GRADE TO BE ENTERED_____ If Kindergarten, circle one: **M-W-F OR M-T-W-TH-F**

CHURCH AFFILIATION _____

SCHOOLS PREVIOUSLY ATTENDED AND YEARS_____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS? _____

DID YOUR CHILD HAVE ANY DISCIPLINE PROBLEMS AT ANY PREVIOUS SCHOOLS? _____

WHY WOULD YOU LIKE YOUR CHILD TO ATTEND OUR SCHOOL? _____

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