

TIMOTHY LUTHERAN SCHOOL ENROLLMENT FORM

301 E Wyatt Road
Blue Springs, MO 64014

816-228-5300
816-874-4025 (fax)

FOR OFFICE USE ONLY	
Date rec'd:	_____
Enroll. Fee:	_____
Immunization:	_____
Medical:	_____
Class:	_____
Time of class:	_____
Teacher:	_____
Admission date:	_____
Discharge date:	_____

STUDENT'S NAME		SEX	BIRTHDATE
ADDRESS		CITY	STATE ZIP CODE
			HOME TELEPHONE NUMBER ()
PUBLIC SCHOOL DISTRICT WHERE STUDENT LIVES:			
MARITAL STATUS OF PARENTS: SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOW _____			
STUDENT LIVES WITH:			
MOTHER'S NAME		E-MAIL ADDRESS	HOME TELEPHONE NUMBER ()
ADDRESS		CITY	STATE ZIP CODE
			CELL PHONE ()
EMPLOYED BY (OR SCHOOL ATTENDS)			BUSINESS TELEPHONE NUMBER ()
ADDRESS		CITY	STATE ZIP CODE
			HOURS OF EMPLOYMENT FROM TO
FATHER'S NAME		E-MAIL ADDRESS	HOME TELEPHONE NUMBER ()
ADDRESS		CITY	STATE ZIP CODE
			CELL PHONE ()
EMPLOYED BY (OR SCHOOL ATTENDS)			BUSINESS TELEPHONE NUMBER ()
ADDRESS		CITY	STATE ZIP CODE
			HOURS OF EMPLOYMENT FROM TO
STEPMOTHER'S NAME (if applicable)			
STEPFATHER'S NAME (if applicable)			
NAMES, BIRTH DATES & GENDERS OF SIBLINGS			

