



First Lutheran Church BOTHELL

2018 - 2019 High School Class Registration (Grades 9 - 12)

First Name: _____ Middle Name: _____ Last Name: _____
 Preferred Name (Nickname): _____ Use Preferred Name On Reports: Y / N
 Address 1: _____
 Address 2: _____
 City State: _____ Zip code: _____
 Home Phone: _____ Unlisted Phone: Y / N
 Gender: _____ Birth date: _____ Age: _____ Birth Place: _____
 School grade: _____ School Name: _____
 Student Email: _____
 Student Cell Phone: _____
 Parents Names: _____
 Mother's Cell Phone/Email: _____ / _____
 Father's Cell Phone/Email: _____ / _____
 Allergies: _____

Siblings Attending Sunday School/Confirmation:
 _____ Age ___ / _____ Age ___
 _____ Age ___ / _____ Age ___

Church Membership _____
 Membership date: _____ How Came to Membership: _____
 Baptism Date: _____ Place of Baptism: _____
 Sponsors & Remarks: _____
 First Communion Date: _____

_____ (Parent/Guardian Initials) I give my permission for First Lutheran Church to use photographs of my child in its public displays or media releases. I understand these photographs will not be sold or used for commercial purposes.

If I cannot be reached, I give permission for First Lutheran staff to call for medical assistance and/or transport my child to a local medical facility and seek treatment between the dates of September 1, 2018 and May 31, 2019.

Parent Guardian Signature _____