

WOLF RIVER LUTHERAN HIGH SCHOOL

Student Registration Form

STUDENT INFORMATION: (please use Legal Name)

First Name		Middle Initial		Last Name		
Date of Birth	Gender	Birth City	Birth State	Birth County		
Home Address (Physical Address)				City	State	Zip
Mailing Address		County of Residence		Student Email Address		

Circle One:

Hispanic or Latino **OR** *Non-Hispanic or Latino* – If *Non-Hispanic or Latino* is circled – please pick one of the following:

- American Indian/Alaska Native*
 Black/African American
 Native Hawaiian/Pacific Islander
 White
 Asian

Is a language other than English used in your home? YES NO If YES, what other language? _____

PARENT/GUARDIAN INFORMATION:

Student resides with (circle one): *Mother* *Father* *Mother & Father* *Mother/Stepfather* *Father/Stepmother* *Grandparent*

Other: _____ Who has legal custody? _____
 *Court documents declaring custody must be in the student's file.

Name of Parent Guardian #1		Relationship		Home Phone		
Cell Phone	Work Phone	Email Address				
Home Address				City/State/Zip	Place of Employment	
Name of Parent Guardian #2		Relationship		Home Phone		
Cell Phone	Work Phone	Email Address				
Home Address				City/State/Zip	Place of Employment	

EMERGENCY CONTACT INFORMATION: In the event we are unable to contact parents/guardians, who should we call?

Name	Relationship	Phone Number	2nd Phone Number

PLEASE FILL OUT THE BACK OF THIS SHEET

SCHOOL INFORMATION:

Name of School Last Attended				Grade Completed	
Address		City/State/Zip		Phone	
Reason for Leaving Last School		Was student suspended or expelled from last school?		If yes, please give reason	
Does Student have an IEP?	Copy provided to WRLHS?	Does Student have a 504 Plan?	Copy provided to WRLHS?	Reason for IEP/504	

FAMILY INFORMATION:

Sibling Name	Brother/Sister	Age	School	Grade	Lives with student
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

RELIGIOUS INFORMATION:

Denomination	Congregation	Local Congregation Member?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

How did you hear about Wolf River Lutheran High School? Please check all that apply.

Radio Facebook Friend/Relative WRLHS Student/Parent Newspaper/Flyers Other _____

Parent Signature

Date

WRLHS OFFICE INFORMATION:

Grade Entering	School Year	Start Date	Birth State	Birth County
Verified Birth Certificate – Date	Initial	Verified Proof of Residence	Copy put in File?	Immunizations Record or Waiver
Grade Entering	School Year	Start Date	Birth State	Birth County