

CHRIST THE KING LUTHERAN SCHOOL

FAMILY HISTORY FORM FOR ENROLLMENT

Our mission as a spiritual family at Christ the King Lutheran School is to
Bring in, Build up, and Send out disciples for Jesus Christ.

Please fill out this form completely and return it to the school office.

CHILD'S FULL NAME: _____

ADDRESS: _____

PHONE NO. _____ Birth Date: _____ Birth Place: _____

Baptism Date & Church: _____

Address of Church: _____

Father's Name: _____ Place of Birth: _____

Father's Address: _____

Highest Level of Education: _____ Occupation: _____

Mother's Name _____ Maiden Name: _____

Mother's Address: _____

Place of Birth: _____ Highest Level of Education: _____

Occupation: _____ Child Care before or after school? _____

Child Care giver Name & Address: _____

Is child adopted? _____ If yes, does child know? _____

Is Father active church member? _____ Where? _____

Is Mother active church member? _____ Where? _____

Marital Status: **(Please check One)** Married _____ Living Together _____

Single Parent _____ Divorced _____ Remarried _____ Separated _____

Child's Physician: _____ Phone: _____

Emergency Phone Contact: Mother: _____ Father: _____

Other children in the family in addition to the child listed above:

Name: _____ Birth Date: _____ Baptized: _____

Name: _____ Birth Date: _____ Baptized: _____

Name: _____ Birth Date: _____ Baptized: _____

Name: _____ Birth Date: _____ Baptized: _____