

# ZION LUTHERAN SCHOOL

1557 W. Seidler Road

Auburn, MI 48611

Application for Enrollment (Please return by April 8, 2004)

Male \_\_\_\_\_ Female \_\_\_\_\_  
Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Transportation: Car \_\_\_\_\_ BCPS Bus \_\_\_\_\_ Bay Metro \_\_\_\_\_ Walk \_\_\_\_\_

Phone \_\_\_\_\_ Grade: 1, 2, 3, 4, 5, 6, 7, or 8

Date of Birth \_\_\_\_\_ Date of Baptism \_\_\_\_\_ S.S.N. \_\_\_\_\_  
Mo./Day/Yr. Mo./Day/Yr. optional

Father's Name \_\_\_\_\_  
Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work \_\_\_\_\_  
Phone \_\_\_\_\_

Church Membership \_\_\_\_\_  
City \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work \_\_\_\_\_  
Phone \_\_\_\_\_

Church Membership \_\_\_\_\_ City \_\_\_\_\_

Email Address \_\_\_\_\_

## Brothers and Sisters in School

Name	School attending	Grade
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Name	School attending	Grade
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## Emergency Contacts:

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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Special health conditions the school should be aware of:

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## (Office Use)

Date Received \_\_\_\_\_ Amount Received \_\_\_\_\_ Initial \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_