

**Welcome to
St. Stephen's Ev. Lutheran Church & School**

Please fill out one form per student.

Name: _____



Address: _____

City: _____ State: _____ Zip: _____

Entering Grade: _____

 Phone Number: _____ Emergency Phone Number: _____

Parent/Guardian: _____

Are you a member of St. Stephen's Ev. Lutheran Church?: Yes No

Please list any food allergies your child may have: None

If you are not a member of St. Stephen's Ev. Lutheran Church, please continue...

Are presently members of a church somewhere? Yes No

Would you like more information about:

St. Stephen's Ev. Lutheran Church? Yes No

Lutheran Elementary School? Yes No

Sunday School? Yes No

Teacher fills in: Monday Tuesday Wednesday Thursday Friday

Attendance:

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Room Number: _____