

**Welcome to  
Good Shepherd 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 Good Shepherd Ev. Lutheran Church?:    Yes    No

Please list any food allergies your child may have:                      None

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are not a member of Good Shepherd Ev. Lutheran Church, please continue...

Are presently members of a church somewhere?                      Yes    No

Would you like more information about:

Good Shepherd Ev. Lutheran Church?                      Yes    No

Good Shepherd Pre School?                                      Yes    No

Sunday School?    Yes    No

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**Teacher fills in:**    Monday            Tuesday            Wednesday            Thursday            Friday

Attendance: 

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Room Number: \_\_\_\_\_