

Today's Date: _____

PILGRIM SCHOOL FAMILY REGISTRATION FORM 2018-2019



Please Check Applicable:

_____ Pilgrim Member
_____ WELS Sister Congregation
_____ Where?
_____ Non-Member

Family Name: _____

(Please print)

Father/Guardian:

(First & Last Name)

(Please print)

(Address, City and State)

(Please print)

(Occupation)

(Employer)

(Work Phone)

(E-mail address)

(Current Church Affiliation)

Mother/Guardian:

(First & Last Name)

(Please print)

(Address, City and State)

(Please print)

(Occupation)

(Employer)

(Work Phone)

(E-mail address)

(Current Church Affiliation)

Child(ren) Live With: Father primarily [] Mother primarily [] Other primarily []

_____ Who/Relationship

(1) Student Name: _____

(Last)

(First)

(Middle)

Date of Birth: _____

Place of Birth: _____
(City and State)

Baptized: Yes [] or No [] Where?: _____
(Church, City and State)

(2) Student Name: _____, _____ _____
(Last) (First) (Middle)

Date of Birth: _____

Place of Birth: _____
(City and State)

Baptized: Yes [] or No [] Where?: _____
(Church, City and State)

(3) Student Name: _____, _____ _____
(Last) (First) (Middle)

Date of Birth: _____

Place of Birth: _____
(City and State)

Baptized: Yes [] or No [] Where?: _____
(Church, City and State)

(4) Student Name: _____, _____ _____
(Last) (First) (Middle)

Date of Birth: _____

Place of Birth: _____
(City and State)

Baptized: Yes [] or No [] Where?: _____
(Church, City and State)

Additional Information:

Scholastic _____

Other _____