SCHOOL REGISTRATION FORM

Our Savior's Lutheran School
63 Mountain View Avenue
Albany, N Y 12205 • www.oursaviorsschool.com
School Telephone: 459-2273 • FAX 459-1330
Thomas L. Roemke, Principal

Pupil Information

Name **Current Date** _____

Last _____ Sex M F

First _____ Middle _____

Birth Date _____ Place of Birth _____

Grade Entering _____ Date of Baptism _____

School Attended Last Year _____

Address School District _____

Street _____ City/Zip _____

Home Phone _____ Day Time/Work Phone _____

Family Information

Parent/Guardian

Mother's Name _____ Father's Name _____

Church Membership _____ Church Membership _____

Occupation _____ Occupation _____

Country of Birth _____ Country of Birth _____

Education Level _____ Education Level _____

Educational Levels: *A. grade school* B. *high school graduate* C. *vocational training*
D. *partial college* *E. college graduate* F. *post college studies*

Pupil's brothers and sisters	Date of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

Signature _____

For Office Use Only

Registration Health Form K 1 3 NEW

Tuition SMART Direct SA WOT

Textbook Transportation