



Grace Lutheran School

glschicago.org

2725 N. Laramie Avenue, Chicago, IL 60639-1698

School (773) 637-2250 Fax (773) 637-1188

Dr. Don Hendricks – Principal

Principal@glschicago.org

Registration and Enrollment Form for 2022-2023

Mother's Name _____
 Address _____
 City _____ St _____ Zip _____ + _____
 Cell Phone _____
 Alt Phone _____
 Email _____
 Place of Employment _____
 Business Phone _____
 Custodial Parent
 Church Membership _____

Father's Name _____
 Address _____
 City _____ St _____ Zip _____ + _____
 Cell Phone _____
 Alt Phone _____
 Email _____
 Place of Employment _____
 Business Phone _____
 Custodial Parent
 Church Membership _____

Are there custody and/or restraining orders for this/these student(s)? YES NO
 If yes, please supply a copy for your child's file.

Student #1 Name _____
First Middle Last Entering Grade
 Male Female Birthday _____ Baptism _____
 Please choose one!
 Hispanic or Latino Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific White Two or More Races

Student #2 Name _____
First Middle Last Entering Grade
 Male Female Birthday _____ Baptism _____
 Please choose one!
 Hispanic or Latino Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific White Two or More Races

Student #3 Name _____
First Middle Last Entering Grade
 Male Female Birthday _____ Baptism _____
 Please choose one!
 Hispanic or Latino Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific White Two or More Races

We give permission for our child's (children's) photo to be used on Grace's or CLEF's: Facebook, website, and other publications. YES NO Names may be used with photo's. YES NO

Name of person's responsible for payment: _____

Signature of person's responsible for payment: _____

Date signed: _____

Other Emergency contacts

Name of responsible adult(s) who will assume responsibility for the child if parents cannot be reached.

Name _____

First

Last

Cell Phone _____ Alt Phone _____

Relationship to student _____

Name _____

First

Last

Cell Phone _____ Alt Phone _____

Relationship to student _____

Family Doctor _____

First

Last

Business Phone _____

Address _____

Street

City

State

Zip

If the parent or the above doctor cannot be reached in an emergency, and if in the judgment of the teacher, coach, or other authorized supervisory person, and immediate medical and/or hospital attention is indicated, you authorize responsible authorities to take your child properly accompanied to an available hospital or doctor.

Signature of child's parent or guardian: _____

Date signed: _____