



THE LUTHERAN CHURCH AND SCHOOL OF SAINT LUKE

THE MISSION STATEMENT OF THE LUTHERAN SCHOOL OF SAINT LUKE

"To connect children, families and our community to Christ in a nurturing environment focused on academic excellence."

MASTER RECORD QUESTIONNAIRE

FAMILY NAME: _____

Home Address: _____

Street

City

Zip Code

Phone: (_____) _____

FAMILY PROFILE

Mother's Name: _____ Marital Status: S M D Sep W

Father's Name: _____ Marital Status: S M D Sep W

Stepparent's Name: _____

Brothers & Sisters: _____

Please indicate if siblings are attending other schools; if so, please provide the siblings name, grade, school name and city below.

_____ Yes, they attend other schools. They are listed below.

_____ No, they attend Saint Luke

Name

Grade /School

City

Name

Grade /School

City

PLEASE SEE REVERSE SIDE

CHURCH HISTORY

Family Church Affiliation: _____

Church/City/State _____

Student's Name: _____ Date of Birth: _____

Baptized: _____ Date: _____ Church: _____

Confirmed: _____ Date: _____ Church: _____

Attends Sunday School: _____

Student's Name: _____ Date of Birth: _____

Baptized: _____ Date: _____ Church: _____

Confirmed: _____ Date: _____ Church: _____

Attends Sunday School: _____

SCHOOL PREVIOUSLY ATTENDED (FOR SAINT LUKE STUDENT'S ONLY)

Student

Grade(s)

School Name/City/State
