

### ST. MARK'S LUTHERAN SCHOOL BIOGRAPHICAL RECORD

St. Mark's must keep a record of significant information about your child. Please assist by filling in the questionnaire and returning it to the school office as soon as possible.

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### Student Information:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Student's Social Security Number \_\_\_\_\_

Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Ethnic Group \_\_\_\_\_ Adopted: Yes No

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Custodial Rights: \_\_\_\_\_

#### School(s) Previously Attended: (Include Pre-school)

Grade \_\_\_\_\_ School/Location \_\_\_\_\_

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Present School District \_\_\_\_\_ District No. \_\_\_\_\_ Bus Student: Yes No

#### Emergency Information:

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number \_\_\_\_\_

No. 1 Emergency Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

No. 2 Emergency Person: \_\_\_\_\_ Phone Number \_\_\_\_\_

#### Parent Information:

Father's name: \_\_\_\_\_ Home Address: \_\_\_\_\_

Employed By: \_\_\_\_\_ Phone No. \_\_\_\_\_ Church Membership: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Nees \_\_\_\_\_ Home Address \_\_\_\_\_

Employed By: \_\_\_\_\_ Phone No. \_\_\_\_\_ Church Membership: \_\_\_\_\_

Marital Status: \_\_\_\_\_

#### Brothers and Sisters:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_