

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 _____

Grade _____ School/Location _____

Present School District _____ District No. _____ Bus Student Yes No

Emergency Information

Doctor _____ Phone _____

Hospital _____ Phone _____

Dentist _____ Phone _____

No. 1 Emergency Person _____ Phone _____

No. 2 Emergency Person _____ Phone _____

Parent Information

Father's Name _____ Address _____

Employed by _____ Phone _____ Church Membership _____

Marital Status _____

Mother's Name _____ Nee _____ Address _____

Employed by _____ Phone _____ Church Membership _____

Marital Status _____

Brothers and Sisters

Name _____ Date of Birth _____

Name _____ Date of Birth _____

Name _____ Date of Birth _____