

ENROLLMENT FORM

BEREA LUTHERAN SCHOOL

9308 Rich Valley Blvd, Inver Grove Heights, MN 55077
651-994-1074 school.berealc.org

Student's name: _____ Birth Date: _____ Grade: _____ Baptized? _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Previous School(s) Attended:

_____ Grades: _____

_____ Grades: _____

_____ Grades: _____

Father's Name: _____ Cell Phone: _____

E-mail address: _____ Occupation: _____

Employer: _____ Work Phone: _____

Mother's Name: _____ Cell Phone: _____

E-mail address: _____ Occupation: _____

Employer: _____ Work Phone: _____

Guardian's Name: _____ Cell Phone: _____

E-mail address: _____ Occupation: _____

Employer: _____ Work Phone: _____

Church Affiliation of Parents or Guardian, (If None, Leave Blank):

	Father	Mother	Guardian
Congregation			
Name of Pastor			

All Other Children in the Family:

Name	Age	Grade	School

Please list any medical, behavioral, or learning difficulties of which we should be aware

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