



# Mt. Calvary-Grace Lutheran School

1614 Park Avenue • La Crosse, WI 54601-5796

Phone: 608-784-8223 • Fax: 608-784-7305

www.mcglutheran.org



## Enrollment Application

### 1 CHILD'S INFORMATION

Full Legal Name \_\_\_\_\_ Phone \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

Street City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

### 2 PREVIOUS SCHOOL ATTENDED

School Name \_\_\_\_\_

School Address \_\_\_\_\_

Street City State Zip

Last Grade Completed \_\_\_\_\_ Grade Entering (as of Sep. 1) \_\_\_\_\_

### 3 RELIGIOUS INFORMATION

Baptized: \_\_\_ Yes \_\_\_ No (If "No", do you plan to have the child baptized?) \_\_\_\_\_

Denomination \_\_\_\_\_ Pastor \_\_\_\_\_

Church \_\_\_\_\_ City & State \_\_\_\_\_

### 4 PARENT INFORMATION - FATHER

Father or Guardian \_\_\_\_\_ Address \_\_\_\_\_

Place of Birth \_\_\_\_\_ Telephone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Marital Status (Check all that apply)  Married  Separated  Divorced  
 Widowed  Remarried  Single  Other \_\_\_\_\_

Church Affiliation \_\_\_\_\_

If not a member of Mt. Calvary or Grace Lutheran Churches, do you plan to join either church? \_\_\_\_\_ Yes

If no, please explain \_\_\_\_\_

(over)

